THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

Vol. XXXII 1951 Part 1

ORIGINAL PAPERS

TRANSFERENCE AND REALITY [1]

By HERMAN NUNBERG

A patient of mine was from the beginning of treatment very critical of me; whatever I did or said was wrong. She found fault with everything. She corrected me constantly, trying to teach me what to do, how to behave, what to think and what to say—not only what to say, but also how to say it. Because I could not give in to her attempts to re-educate me, she felt hurt and angry. Although she soon recognized that she expected literally to find her father in me, she did not change her attitude. The more conscious the attachment to her father became to her, the more she demanded that I change to the likeness of his image within her.

What did this attitude express? Certainly, it did not reflect the phenomenon that we call transference. It revealed merely her *readiness* for transference. This readiness obviously produced two attitudes in her: first, an expectation of finding her *real* father in the analyst; secondly, the wish to change the *real* person of the analyst into her father as she imagined him. As this desire could not be realized, she suffered constantly from disappointments, frustrations and anger. This situation led to conflicts with her analyst on a *quasi-real basis*. Thus it is evident that she did not ' transfer ' her emotions from her father to her analyst, but rather that she *attempted* to transform her analyst into her father. The particular fixation to her father created the wish to find his reincarnation in the person of the analyst, and, since her desire to transform the latter into a person *identical* with her father could not be fulfilled, the attempts to establish a working transference were futile. Thus transference often breaks down not because of primary aggression, which is the driving force of the so-called negative transference, but because of disappointments and frustrated efforts at establishing an identity of present images with past ones.

What is transference? In spite of disagreement on the part of some of my colleagues, I still agree with Dr. de Saussure that transference is a projection. The term ' projection ' means that the patient's inner and unconscious relations with his first libidinal objects are externalized. In the transference situation the analyst tries to unmask the projections or externalizations whenever they appear during the treatment. What part identification plays in transference will be seen later.

As a matter of fact, the word ' transference ' is self-explanatory. It says that the patient displaces emotions belonging to an unconscious representation of a repressed object to a mental representation of an object of the external world. This object represented within the ego is the analyst, on whom emotions and ideas belonging to the repressed unconscious objects are projected. The repressed objects belong to the past, mostly to the patient's early childhood, and are thus unreal. Trying to substitute a real object (for example the analyst) for the unreal one, the patient is bound to run into misunderstandings, to become confused and to suffer frustrations. The split of the personality and the resulting incongruity of the drives is obvious: the essential repressed wish is unconscious and belongs to the past, its preconscious

[1] Paper read at the Midwinter Meeting of the American Psychoanalytic Association in New York City, December 17, 1949.

derivatives having undergone certain rationalizations are projected on external objects and, when perceived, become conscious. If, for instance, a grown boy is excessively attached to his mother, he is not satisfied with the kind of gratification her substitute offers him in reality, but expects unconsciously those gratifications that he has experienced in the past.[2]

If in transference, projection of internal and unconscious images on to real objects is taking place, then the first patient's attitude can hardly be called transference. She did not project the image of her father on to the analyst; she tried to change her analyst according to the image of her father.

The next example is different. A patient was unable to understand me when she was lying on the couch with her eyes *open*. When she closed her eyes she could understand me; it then seemed to her as if she were hearing a ghost talking, and my voice sounded like the voice of her dead father. This illusion had almost the intensity of a hallucination.

The difference in respect to transference between this patient and the first one is striking: the first patient only *tried* to transform her analyst into her father, she tried to change a real person into an image of the past, she attempted to make the analyst conform with her memories of her father, to establish an identical picture of both; the second patient *succeeded* in getting an identical picture of her father through the medium of a real person, the analyst, to such an extent that the analyst's voice became her father's voice; she almost had a hallucination of her father. In the first case the effort to effect a transference failed, in the second it was successful. The second patient's feelings for the analyst in the psychoanalytic situation revived the repressed image of her father which she projected on the analyst, so that the two became almost identical. In fact, at times father and analyst became confused in her mind. The first patient tried unsuccessfully to transform the person of the present into the person of the past, whereas the second patient experienced the person of the past in the person of the present. Present objects and past images became identical in her mind.

The tendency to establish 'identical pictures' is perhaps better illustrated by a fragment of the second patient's dream: water was pouring out through a hole in her refrigerator. *She held her hand under the hole in order to stop the flow but the hole sucked her hand in so that it hurt.*

The day-residue consisted of the fact that the refrigerator was out of order and that the patient feared an overflow of water in her kitchen. The evening preceding this dream she had a visitor with whom she talked about sex education. The visitor told her that she forbade her little daughter to put her hand into her nose or mouth because a disease might enter her body. The patient was shocked and thought that this little girl later in life would think that a disease would enter her body when she had sexual intercourse. She herself suffered from severe phobias of touching, among them a fear of infection through the vagina during her pregnancy. Long before her marriage she was afraid of the pain during intercourse and at childbirth. She asserted that the pain in the dream was very *real*. In the same session she told me that on her way to my office she had thought she would even agree to my cutting off her arm if only I could help her to get well. At this point two childhood recollections came to her mind; first, that when she used to stuff her finger into her nose she felt pain, and secondly, that *a woman once told her of another little girl who put her hand in a toilet bowl and had her arm caught in the pipe of the bowl* because of the strong suction when the toilet upstairs was flushed. The patient stressed that the pain in her arm felt in the dream persisted when she was awake.

What happened here? The real and conscious fear of her kitchen being flooded by the leaking refrigerator, and the preconscious ideas and fears of her masturbatory activities stimulated by the conversation with her visitor revived a picture of her childhood which she

[2] In the discussion of this paper Dr. Hartmann and Dr. Loewenstein disagreed with me as to the role of the projection mechanism in the transference situation. They maintained that in transference only the mechanism of displacement is at work. The term 'displacement', we know, means that the psychic stress or affect can be shifted from one element to another *within* the psychic systems. In transference the individual confuses the *mental* image of his father or mother with the real picture of the analyst and behaves as if the analyst were his father or mother. Of course, we recognize in this mechanism a displacement of affects; but, as the external object (the analyst) is treated like a mental image (father or mother), there is no doubt that the mental image is projected on to the analyst. Besides, Freud maintains that processes within the ego can be perceived (with a few exceptions) only with the help of projections.

dreaded because it reminded her of masturbation and the fears connected with it. In other words, a real expectation produced a regression and revived a picture from childhood which, in the dream, acquired qualities of reality. Freud calls this phenomenon the ' identity of perceptions ' (*Wahrnehmungsidentität*). This means that an actual perception of an idea revives old, unconscious, repressed ideas or emotions to such an extent that they are perceived as actual images although their meaning is not recognized by the conscious psychic apparatus; thus present and old ideas and emotions become identical for a while. This tendency to revive old ideas and perceptions and to make the present coincide with the past, forms the basis of the phenomenon which is called ' acting out '.

Another example may perhaps be even more instructive. About eight months after the conclusion of his analysis, a patient asked me to see him immediately because of sudden panic and insomnia. I do not wish to go into the details of this complicated symptom. I wish only to say that the cause of this sudden panic and insomnia was his newborn son. When his wife came home with the infant from the hospital, she put it, as arranged in advance, in the room adjoining the parents' bedroom. For the night she wanted to close the door between the two rooms, but he wanted it open in order to hear every sound in the child's room. Since she, nevertheless, closed the door, he became frantic, overwhelmed by panic, and unable to sleep, trying to listen to all the sounds that seemed to him to emanate from the baby's room. This condition, which had lasted for several days by the time he came to see me, gave me the opportunity to remind him that he had had quite a number of fears in different periods of his life. I drew his attention to one particular fear of his childhood: frequently, when his parents were not home at night, he was seized by the idea that his rabbits out in the yard were being killed, and he insisted that his nurse go and find out whether they were still alive. When I mentioned this, he remembered another fear of his early childhood whose importance he could only now fully comprehend. This fear concerned the door of his room which faced his mother's room across the hallway. When his door stood open he could see whether his mother was at home; then he felt secure and could go to sleep. But when the door was closed, he felt alone, deserted by his mother, and therefore could not sleep and became panicky. Throughout his childhood he feared that his mother would leave him. About the age of five, he tried repeatedly to run away from home, pretending to leave his mother, thus reversing his fear of being deserted by her.

The panic caused by the closing of his child's door thus betrayed his infantile fear of being left alone by his mother. The urgent desire to keep the door open reflected the ritual of his childhood to keep his own door open. The difference between the actual and the infantile situation lies only in the fact that the subject is changed: instead of himself as a child being anxious about his mother's love, he was now as a mature man anxious about his son's safety and well-being. The situation was thus reversed; the insomnia and anxiety were, however, unchanged. It is obvious that the patient projected one part of his ego on to his son and that he identified another part with his mother. His son incarnated himself, and he incarnated his mother. Both these representations were, of course, unconscious. It is probable that his infantile wish to see what was going on in his mother's room was overdetermined; the actual panic might also reflect the one felt while overhearing the noises of the primal scene. This, however, would not change the meaning of our patient's reaction to his son; on the contrary, it would only broaden our interpretation.

For the purpose of our discussion the bare fact that our patient attempted to re-establish in the present a situation as it existed in childhood is more significant than is the meaning of the panic. What he wanted was simple enough: he wished to have the door open. The fulfilment of this wish would have repeated in actuality the infantile situation of the open door, and would have spared him anxiety.

This example shows—as do many cases—that the tendency to ' transfer ' infantile experiences into reality and to act them out can be observed not only in the transference situation but also independently of it. *An urge to establish identity of perceptions through repetition of past experiences is thus, in conformity with Freud's ideas, undeniable.*

Now we can see that the establishment of identical perceptions is an act of projection as well as of identification. Identification, as we know, has several meanings. One of them expresses a community of feelings and thoughts in a group formation. The analysis is a group formation of two persons. The common goal

of analyst and patient is helping, i.e. curing the patient. This alone would suffice to establish an identification. Identification, however, is also a regressive substitute for love, if the love object in the external world becomes a part of the ego. In analysis the common goal of analyst and patient leads first to identification of the patient with the analyst and further to the revival of the deeper identifications with the parents. Hardly has this identification taken place when the patient tries to lodge with the analyst the reactivated residues of the infantile relationship with the parents. This can be accomplished only by means of projection. It seems thus as if projection helped to find the lost object in the outside world, as if the analyst were a screen on which the patient projected his unconscious pictures. In fact, when we reach certain depths in analysis, it is difficult to discern between identification and projection. It seems as if the boundaries of the ego were removed, as Federn would say, in which state the subject feels as if he were a part of the external world and the external world a part of himself. This corresponds to states of transitivism which Freud, in *Totem and Taboo*, ascribed to the animistic phase of human development. Later he referred to similar states as 'oceanic feelings'. States of this kind can, not too infrequently, be observed in those psycho-analytical sessions during which the patient is very deeply immersed in his unconscious id.

Although transference makes use of both mechanisms, identification and projection, one fact remains unchanged: the *tendency* to establish identity of old and new perceptions.

The tendency to bring about 'identity of perceptions' seems to satisfy the repetition compulsion which, as is well known, is the driving force of many a psychic phenomenon. Compelling the individual to preserve the past, it is a conservative principle. And yet, as soon as it is coupled with the phenomenon of transference, it becomes a progressive element, in the sense, of course, of psychic topography. This statement may require some amplification. An actual event reactivates an old repressed one which, on its part, tries to replace the new experience; this can best be observed in dreams. The attempt to re-live repressed experiences in actual ones is only in part successful, as the censorship of the dream or the resistance of the ego tries to disguise them. According to our theoretical conception of the psychic apparatus, this fact can be expressed also in the following way: certain perceptions and sensations produced by stimuli of daily life undergo historical and topical regressions to corresponding old, repressed, unconscious experiences. As soon as the cathexis of the actual experience (i.e. the charge of psychic energy) reaches the psychic representations of the repressed and fixated experiences in the unconscious id, it strengthens and re-activates them. These re-activated unconscious representations now manifest a tendency to 'progression', i.e. a tendency to reach the perceptual and motor end of the psychic apparatus. Here they give the perceptions of actual events and the sensations produced by them an unconscious tinge; the ego behaves as if it were the id. Through this process the analyst, in the transference situation, becomes the representative of the objects of the unconscious strivings.

The readiness for transference exists, as indicated before, independently of the psycho-analytic situation. The mere fact that a patient decides to seek help from an analyst (or other therapist) furthers this phenomenon. Furthermore, the analyst's request for free associations stimulates reproduction of old memories, i.e. of mental repetition of repressed experiences. In addition, the repetition of old images stirs up emotions which once accompanied them. These old and yet new, actual, emotions try to attach themselves to the only real object available, the psycho-analyst, and to find an outlet in wishes, fantasies and actions directed towards him. It seems as if a new experience could not be assimilated—in the sense of the synthetic function of the ego—unless it found its way to the old patterns. Therefore it is not surprising that transference occurs also in other than psycho-analytic therapies. The psycho-analyst and the non-psycho-analyst differ in their treatment and understanding of this phenomenon, in that the former treats the transference symptoms as illusions while the latter takes them at their face value, i.e. as realities.

The transference proceeds according to the need to assimilate actual experiences in such a way that their perception either conforms to or becomes identical with repressed unconscious ideas. What has been once experienced—particularly in childhood—seems to form an indelible imprint in the unconscious from which patterns develop. These patterns may be dormant for a long time and become active only under certain circumstances. The latency

of these patterns, or their state of unconsciousness, is responsible for the fact that the meaning of the present experiences following these patterns remains unconscious. However, it must be added that complete gratification of the need for 'identity of perceptions' is not achieved as a rule, except in dreams, delusions and hallucinations. In the transference situation the unconscious pattern overshadows the conscious perception of an actual event and produces an illusion, while in dreams or psychoses the same pattern or image forms hallucinations. Hence illusions can be reality-tested, hallucinations can not, or can only in part.

It might appear as if the concept of transference and the concept of repetition compulsion had been confused here, but this is certainly not the case. In so far as a repetition of previous states takes place in the transference situation, transference is a manifestation of the repetition compulsion. In so far, however, as in transference the wishes and drives are directed towards the objects of the external world, though through the repetition of old experiences, transference is independent of the repetition compulsion. Repetition compulsion points to the past, transference to actuality (reality) and thus, in a sense, to the future. Repetition compulsion tries to fixate, to 'freeze', the old psychic reality, hence it becomes a regressive force; transference attempts to re-animate these 'frozen' psychic formations, to discharge their energy and to satisfy them in a new and present reality, and thus becomes a progressive force.

I would say that transference is like Janus, two-faced, with one face turned to the past, the other to the present. Through transference the patient lives the present in the past and the past in the present. In his speech he betrays a lack of feeling for the sequence of events, which is conceived as time. This lack, however, is not characteristic only of the transference to the analyst. Almost all neurotics are confused in relation to the element of time, whether they are in treatment or not. Many patients in analysis can identify recent events only after elucidation of childhood experiences; others condense experiences from different periods of their life into one event and can keep them apart only after thorough analysis, etc. The fact that the patient loses the sense of time in the transference situation is not surprising, as it corresponds to the phenomenon that repressed unconscious events, events of the past, are experienced in the present as if no time had elapsed. Indeed, we know from Freud that the unconscious is timeless.

That past and present flow together may seem an obstacle to recognizing the past in the present. But closer examination shows that through re-animation of the representations of repressed objects in the transference situation, the ego gains direct access to its childhood experiences; not the entire ego, of course, but only that part which has not been altered by the repression and has remained intact. This intact ego now has an opportunity to confront its feelings for and expectations from the analyst with the situation in the past, in childhood, and to compare them with one another as if the whole life were spread in front of the inner eye on a single plane. As soon as the patient becomes conscious of his transference, he gains the ability to assess his actual feelings in relation to the infantile situation. This helps him to distinguish between the images returning from the past and the perceptions of external, actual objects, and thus to *test reality* better than before. Some patients accept reality then as it is, others do not. The first patient discussed here did not accept reality; she could not give up the peculiar attachment to her father. She would rather have changed the world than change herself by accepting the analyst as an object of the outside world. The second patient was able to see that the analyst represented a new edition of her father, an edition which she herself created. The third patient became aware that his son represented himself as a child. It is evident that divesting the actual experiences in the transference of the influence of repressed images enhances reality testing. If, as often happens, in the course of free associations the patient produces images which have the intensity of real perceptions, or are hallucinations, the analyst may almost always be sure that he is dealing with actual memories. When the patient accepts such 'hallucinations' as memories, he loses the incentive to project the memories (unconscious images) into the external world and then to perceive them as realities.

As indicated before, patients try to 'act out' their repressed unconscious in the transference, by repeating certain patterns of their life. They bend reality, so to speak, in the transference situation. Sometimes the repetitions are helpful for the analysis, sometimes they

make the analysis difficult. Then they form certain types of resistances. Freud said once that in the resistances the patient reveals his character. A very simple example may illustrate this fact. A patient showed from the very beginning an astonishing willingness for and understanding of the analysis. His associations flowed easily, he produced important recollections, and so on. He continued in this way for a fairly long period, yet the analysis did not make any progress, until we found that his mother used to ask him to tell her everything he thought and did during the day. Our patient confided all his thoughts to her until late in adolescence. It gave him great pleasure when she was talking with him at night while sitting on his bed, and he could see, through her thin nightgown, the contours of her body, particularly of her breasts. He pretended to tell her everything, but the secret of his sexual fantasies about her he kept to himself. Displaying similar behaviour in his analysis, he pretended to tell the truth; in fact, tried to fool his analyst as he had his mother. In his behaviour with other people he was sincere yet reserved and distrustful so that he never had really close friends. He was a lonesome man.

As soon as he became conscious of the fact that he was 'transferring' his relationship to his mother into his relationship with his analyst, he understood that by doing so he defeated his own purpose, the success of his treatment. From then on he was sincere with his analyst, except at times when other resistances with different backgrounds arose. In other words, through the act of consciousness, i.e. through the perception of unconscious strivings of the id, the ego acquired the faculty to control the repetition of these strivings and to adjust itself to reality—which in this case was represented by the patient's will to recovery.

Not always, as in this example, is a character-trait formed by a compromise between contrasting strivings. There are other formations of character-traits. In this context, however, it is relevant to point out that contrasting strivings frequently remain separate, and alternately find expression. This alternation of feelings permeates also the patient's attitude to his analyst. At times, he is full of love for him, submissive, admires him, at other times he is aggressive, stubborn, defiant, etc. These alternating attitudes, this struggle between masochism and sadism, submission and rebellion, dependence and independence seem to repeat previous states representing a developmental pattern. One needs only to observe the development of children, from infancy to maturity, in order to gain the impression of the constant struggle between the retarding tendencies of the repetition compulsion, crystallized in fixations, dependency on the one hand, and the hunger, avidity for new experiences and impressions for independence, on the other hand, a struggle which finally leads to adaptation to and mastering of reality and instinctual drives. In puberty the struggle between the strivings of the id and the needs of the ego becomes very intense and finally leads to the formation of a normal personality. However, if a disturbance has occurred in the course of this prolonged and complicated development, and the patient is in analysis, the same struggle continues in relation to the analyst in the transference situation, where the course of the development is accelerated and usually brought to an end. In other words, when the patient recognizes the attempts to re-live the past in the present, he usually gives them up or modifies them. In this process the transference, which creates an artificial reality, is unmasked, and this amounts, in a sense, to a re-education. Indeed, from its very beginnings analysis was considered a kind of re-education.

Through transference the patient is re-educated not only in respect to the instincts and surroundings but also in respect to the super-ego. In order to understand this, we must again turn to the starting point of the analysis. Then the question arises as to why the mere decision to turn for help to an analyst (therapist or priest) creates, in advance, transference. The answer is very simple: in the unconscious id one asks only father or mother for help. The form of the transference is, therefore, predetermined by the patient's relations to his father and mother. The relationship between patient and analyst becomes very similar to that in hypnosis. In obedience to the hypnotist's suggestions the hypnotized person can even have hallucinations, positive as well as negative ones. The influence of the hypnotist is so overwhelming that he may force the hypnotized person to give up temporarily the reality-testing faculty. In the heat of transference the analyst has powers similar to those of the hypnotist, but uses them for opposite purposes: namely, to teach the patient reality testing. Originally, the hypnotist no more than the analyst possesses such power; it is

only the patient who has invested him with it. And how did the patient obtain this power? From his father—through identification with him—would be the answer. This identification led to the differentiation of the superego within the ego. Freud says that the superego is the heir to the Œdipus complex. According to him, the hypnotist is identified with the ego-ideal of the hypnotized person. As later on the term ' ego-ideal ' was replaced by the term ' super-ego ', we may say as well that the hypnotist is identified with the superego of the hypnotized. Similarly does the patient in analysis make his analyst identical with his father through the medium of his superego. But since the analyst is perceived as an object of the external world, now equipped with the father's attributes, the patient must have also projected on to him parts of his own superego. This could explain how the analyst obtains the enormous power over the patient. Through analysis of the transference the analyst, however, tries to divest himself of the power granted him by the patient.

There is much more to be said about the parallelism between the state of hypnosis and the psycho-analytical situation. I shall, however, limit myself to the discussion of a few points only.

The following is based on Freud's ideas about hypnosis. He maintains that hypnosis is a group formation of two persons. This group, like any other group, is held together by libidinal ties. In love, these ties are composed of directly sexual instincts and of sexual instincts inhibited in their aims, i.e. desexualized. In hypnosis these ties are only of an aim-inhibited nature. Hypnosis, therefore, corresponds to love with the exclusion of directly sexual instincts. The same humility, the same compliance, the same absence of criticism, the same overestimation in regard to the hypnotist can be observed as in the state of being in love in regard to the loved person. If directly sexual instincts get the upper hand, the group formation is destroyed. The same is true of the psycho-analytic situation as it is likewise a group formation of two. In hypnosis the identification with the hypnotist is a regressive substitute for libidinal ties in the form of desexualized, aim-inhibited sexual attachments to the subject's parents. These ties form, according to Ferenczi, the basis for the transference-readiness or suggestibility. The hypnotist, Freud says, stimulates this readiness by claiming to be in possession of mysterious powers by which he can put the subject to sleep. In fact, as Freud stresses, there is something uncanny about hypnosis and hypnotist. We know from him that the uncanny represents something old and familiar which has been repressed but is on the verge of returning from the unconscious. Upon the hypnotist's order to sleep, the subject withdraws his interest from the outside world and falls asleep. His sleep is, however, a partial one, a dream-like sleep, because the subject, though detached from the external world, nevertheless concentrates his libidinal cathexes on the hypnotist. In this way the hypnotist establishes the *rapport* with the hypnotized person. In the psycho-analytic situation the patient is removed from contact with the external world but remains in contact with his analyst—conditions similar to those in hypnosis.

By putting the subject to sleep, Freud says, ' the hypnotist awakens in the subject a portion of his archaic inheritance which also made him compliant towards his parents and which had experienced an individual re-animation in his relation to his father; what is thus awakened is the idea of a paramount and dangerous personality, towards whom only a passive-masochistic attitude is possible, to whom one's will has to be surrendered—while to be alone with him, " to look him in the face ", appears a hazardous enterprise. It is only in some such way as this ', Freud adds, ' that we can picture the relation of the individual member of the primal horde to the primal father . . .'.

Hypnosis is thus a precipitate of archaic libidinal ties of mankind in the unconscious id of the present-day individual. Suggestion is a part of hypnosis and helps to establish the rapport (transference) between hypnotist and hypnotized. This archaic relationship seems to be repeated in the psycho-analytic situation. The analyst promises the patient help as if he were in possession of magic powers—and the latter overestimates and believes him. He is taboo to the patient as the primal father is to the primitive individual. The analyst is free and has his own will, while the patient has to submit to the psycho-analytic rules laid down by the analyst. The analyst sits upright, while the patient lies passively on a couch. The analyst is silent most of the time, while the patient tells him everything, gives him his unconscious material, as if performing a sacrificial act. The analyst is omnipotent, he is fearless and can look at the patient, while the patient is afraid of him and is not permitted to see him, like the

primitive man who dare not look in the face of the primal father.

As the hypnotist represents the inner and historical reality of the hypnotized, so does the analyst represent the psychological reality of the patient. This relationship between hypnotist and hypnotized leads the latter to replace the external reality by the historical and psychic reality. The ego of the hypnotized person thus makes a regression to a primitive stage of development where indeed the psychic reality replaces the external reality and where the primary process replaces the secondary process.

A similar change occurs in the transference-situation: while the patient is on the couch, his ego becomes temporarily weakened as does the hypnotized person's ego. As soon as the patient complies with the analyst's demand to give up selective, logical thinking and to abandon himself to free associations, the secondary process is supplanted by the primary one; an important function of the ego, reality-testing, is temporarily suspended.

This, however, is valid only for the analytic session itself in which the patient is detached from external reality as is the hypnotized patient in hypnosis. In order to avoid any misunderstanding, it ought to be stressed that in the course of the analysis the patient's ego is strengthened, as the analyst endeavours to make the patient face the external reality and to free him of the dependence upon himself, in so far as he, the analyst, represents the patient's inner reality.

One can imagine what mastery over his narcissism the analyst must have gained not to be intoxicated by the powers granted him by the patient.

The fact that the patient's attitude towards reality is to a certain degree disturbed in neurosis —and in transference—is caused, among other factors, by an excessively strict and critical superego. Through the projection of his superego on the analyst, the patient frees himself in a sense from his superego which is now represented by the analyst. The analyst's superego is supposed to be neutral, usually milder than the patient's own restrictive superego. As the patient identifies at the same time with the analyst, he exchanges, as it were, his own superego—the father's moral standards—for the analyst's. The result of this exchange is that the patient learns not only to cope with the internal reality as represented by instincts and conscience, but also to accept the external world according to its full ' reality-value'; one is almost tempted to say ' at its face value '. The fact that ' reality changes ' are accomplished also under the influence of the superego, can be understood when we take the following considerations into account. In his *Group Psychology and the Analysis of the Ego* Freud ascribed the reality-testing faculty to the ego-ideal. In *The Ego and the Id* he retracted this statement and ascribed the reality-testing faculty to the ego. In hypnosis this faculty is disturbed by the intervention of the hypnotist who is a representative of the patient's superego (or ego-ideal). It is true that the hypnotized person seems in some way to perceive objects of the external world even in case of negative hallucinations, but this does not alter the fact that the hypnotist can at will suppress the reality-testing faculty of the subject's ego. I once made the statement, and this last fact supports it, that conscious perceptions of the ego must be sanctioned by the superego in order to acquire qualities of full, uncontested reality. This assumption could be helpful in understanding why, in addition to the undoing of repressions, changes in the patient's superego also enhance the reality-testing faculty of the ego.[3]

In conclusion: it seems to me that the tendency to establish identity of perceptions is illustrated in an impressive way by the phenomena of hypnosis and transference. Even the projection of the superego on the analyst proves this thesis. Through this projection the ' father-image ' is externalized and then perceived as a quasi-reality; in a sense, the father exists now in the external world (though disguised in the shape of the analyst) where he originally existed.

As long as the father is not recognized in the analyst, the identity of perceptions is latent. Through the analysis of the transference it becomes manifest. Then it diminishes in the same proportion as the repressed becomes conscious. However, it happens that people with successful, solid repressions are well adapted to reality. Their perceptions of actual events are not coloured by repressed experiences,

[3] I would like to suggest the following: if hypnosis can really be considered an archaic heritage of mankind and suggestion (or transference) a part of it, then we are justified in assuming that the tendency to establish identical perceptions—i.e. to revive old experiences—can also be inherited. In this case we should have to agree with Freud's hypothesis that not only disposition but also contents can be inherited.

although they may appear emotionally inhibited. On the other hand, this tendency seems to gain control of the perceptive end of the psychic apparatus in dreams, hallucinations and delusions.

Further discussion of this topic would lead to new problems which exceed the scope of this paper.

(Received June 1, 1950)

BIBLIOGRAPHY

FERENCZI, S. (1909) 'Introjection und Übertragung', *Jahrbuch für Psychoanalytische und Psychopathologische Forschungen*, **1**, 422–457.

FREUD, S. (1) *The Interpretation of Dreams.* Authorized Translation by A. A. Brill. London: George Allen & Unwin Ltd. New York: Macmillan Company.

— — (2) 'Fragment of an Analysis of a Case of Hysteria', *Collected Papers*, III, Hogarth Press.

— — (3) 'The Dynamics of the Transference', *Collected Papers*, II.

— — (4) 'Further Recommendations in the Technique of Psycho-Analysis. Recollection, Repetition and Working Through', *Collected Papers*, II.

— — (5) 'Beyond the Pleasure Principle,' Int. Psycho-Anal. Library, No. 4.

— — (6) *The Problem of Anxiety.* Translated by Henry A. Bunker. The Psychoanalytic Quarterly Press and W. W. Norton & Co. (Inhibitions, Symptoms and Anxiety). Int. Psycho-Anal. Library, No. 28.

— — (7) *The Future of an Illusion.* Int. Psycho-Anal. Library, No. 15.

— — (8) *The Ego and the Id.* Int. Psycho-Anal. Library, No. 12.

— — (9) *Civilization and its Discontents.* Int. Psycho-Anal. Library, No. 17.

FREUD, S. (10) The 'Uncanny', *Collected Papers*, IV.

— — *Group Psychology and the Analysis of the Ego.* Int. Psycho-Anal. Library, No. 6.

— — (12) 'A Disturbance of Memory on the Acropolis', *Collected Papers*, V.

— — *An Outline of Psychoanalysis.* Authorized translation by James Strachey. Int. Psycho-Anal. Library, No. 35.

NUNBERG, H. (1) 'The Synthetic Function of the Ego', *Practice and Theory of Psychoanalysis.* Nervous and Mental Disease Monographs, also *Int. J. Psycho-Anal.*, **13**, 1931.

— — (2) 'Problems of Therapy', *Practice and Theory of Psychoanalysis.* Nervous and Mental Disease Monographs, also *Int. Z. Psychoanalyse*, **16**, 1928.

— — (3) 'Theory of the Therapeutic Results of Psycho-analysis'. *Practice and Theory of Psychoanalysis.* Nervous and Mental Disease Monographs, also *Int. J. Psycho-Anal.*, **18**, 1937.

— — (4) *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage.* Verlag Hans Huber, Bern-Berlin.

STERBA, R. (1936) 'Zur Theorie der Übertragung', *Imago*, **22.**

EGO AND REALITY[1]

By HANS W. LOEWALD, M.D., BALTIMORE

In psycho-analytic theory we are accustomed to think of the relationship between ego and reality as one of adjustment or adaptation. The so-called mature ego has renounced the pleasure-principle and has substituted for it the reality-principle. It does not follow the direct path of instinctual gratification, without regard to consequences, to the demands of reality, does not indulge in hallucinatory wish-fulfilment, but tests external reality and thinks and acts accordingly, adapting its thoughts and actions to the demands of reality. This conception of the relationship between ego and reality presupposes a fundamental antagonism which has to be bridged or overcome otherwise in order to make life in this reality possible.

And indeed we see that Freud, in *The Ego and the Id*, calls the ego ' the dweller in a borderland ', trying ' to mediate between the world and the id, to make the id comply with the world's demands and . . . to accommodate the world to the id's desires '.[2] We know that Freud's first conception of the ego was that it represents the repressive, defensive agency within the psychic apparatus. Only later did he stress the synthetic function of the ego. He speaks then of the ego as ' an organization distinguished by a very remarkable striving toward unification, synthesis '.[3] Yet he tends to see this synthetic function itself as a defence. In *The Ego and the Id* he describes vividly the unfortunate role of the ego, sandwiched between id and outer world (and superego), trying to compromise between and to satisfy these masters and to defend itself against their different demands. Freud's recognition of the defensive function of the ego has never ceased to play a predominant role in his conception of the ego, and has again and again overshadowed other aspects of the ego in psycho-analytic thinking. Correspondingly, external reality has predominantly been seen in the aspect of a hostile, threatening power.

Freud also characterizes the ego as ' a kind of façade of the id, a foreground, like an external, cortical layer of it '. ' We know, outer layers owe their peculiar characteristics to the modifying influence of the external medium on which they border. Thus, we imagine the ego as that layer of the psychic apparatus, the id, which has been modified by the influence of the external world (reality) " (*The Problem of Lay Analysis*).

We have then, so far, the following picture of the ego: it is a mediator between the outer and inner world (between external reality and id), an organizing agency, tending toward synthesis and unification (as against the id which is ' scattered ' and individualistic). Genetically speaking, it is differentiated from the id through the modifying influence of external reality; in biologistic terms, it is the outer, cortical layer of the id and has as such become different from the inner stratum. The influence of external reality, which has brought forth the ego, is seen as essentially threatening and hostile. Correspondingly, the predominant function of the ego is a defensive one, not only against reality but also against the inner world of the id which disregards reality. It is this threatened position of the ego, threatened from three sides (external reality, id and superego), which makes it so susceptible to inner conflicts and disturbances.[4]

---

[1] Based on a paper read before the Baltimore Psychoanalytic Society, June, 1949.

[2] Freud, S. (1942) *The Ego and the Id*, London, p. 83.

[3] — — (1927) *The Problem of Lay Analysis*, New York; (1947) London.

[4] ' Reality ', in this paper, is meant in the sense of the ' external world ', the world of ' external objects '. In *The Ego and the Id* Freud says ' the id, however, is another outer world to it ' (the ego) (p. 82). In this sense, the ego is in between two realities or outer worlds, the id and the external world, and thus by implication not real itself, since Reality and Outer World are synonymous terms for Freud. The problems raised by this implication of the ego as unreal (due to certain philosophical preconceptions) and its far-reaching consequences for psycho-analytic theory and practice cannot be discussed in this paper.

The only statement we have heard so far about the genesis of the ego is that it becomes differentiated from the id through the modifying influence of the medium bordering on the id, the external world. How did this modification come to pass? How did the ego develop?

I shall condense a passage from *Civilization and its Discontents* which throws some light on this question. Freud states in the first chapter that the ego-feeling of the adult must have had a development which we can try to reconstruct. The neonate does not as yet distinguish an ego from an outer world. Some sources of stimulation, in which later on he will recognize his body organs, can send him sensations at any time, while others do so at times and at other times are not available. The most important of these latter sources of stimulation is the mother's breast. It is not always available. In this way for the first time something like an ' object ' becomes constituted, an outside against an inside, and therewith a border between the two. It is important to realize that when we speak of object and ego at this stage of development, these terms characterize the most primitive beginnings of the later structures thus designated. Ego, id and external reality become distinguishable in their most primitive, germinal stages. This state of affairs can be expressed either by saying that ' the ego detaches itself from the external world ', or, more correctly: the ego detaches from itself an outer world. Originally the ego contains everything. Our adult ego-feeling, Freud says, is only a shrunken vestige of an all-embracing feeling of intimate connection, or, we might say, unity with the environment.[5]

In other words, the psychological constitution of ego and outer world go hand in hand. Nothing can be an ' object ', something that stands against something else, as long as everything is contained in the unitary feeling of the primary, unlimited narcissism of the newborn, where mouth and mother's breast are still one and the same. On the other hand, we cannot, in the strict sense, speak of an ego, a mediator between an id and an external world, where there is as yet nothing to mediate. The infant's repeated experience that something, in his original feeling a part of him, is not always available, this repeated experience of separateness leads to the development of an ego which has to organize, mediate, unify. Freud in his essay on narcissism[6] already expresses this clearly, saying that ' the development of the ego consists in a moving away from primary narcissism '.

It should be clear, then, that in correspondence to a primary ego, a pre-ego so to speak, of the primary narcissistic stage, we have to conceive of primary objects and primary reality; and further, that this primary reality, and its subsequent stages of development, are very different from ' reality ' as a finished product which is related to the ' mature ' ego.

The trend of thought in the theory of the development of the ego, so far, appears to be as follows: The ego is pictured as a cortical layer of the psychic apparatus. This layer comes into being through increasing tension between the psychic apparatus of the organism and what later is experienced as the external world. This is an image borrowed from biology, in analogy to a biochemical system consisting of two phases, separated by a membrane, which membrane is the structural expression, or crystallization, of the dynamic interrelationship between forces in the two media bordering on each other. In psychological terms: in successive stages the growing infant and child moves away from primary narcissism in which there were as yet no boundaries separating him from an ' outside world '. The development of the relationship with the mother is representative of this growth process, even though this does not for long remain the only ' outside ' the child is related to. There is, biologically and psychologically, an increasing emancipation from the mother which leads to an ever-growing tension. The less mother and child are one, the more they become separate entities, the more will there be a dynamic interplay of forces between these two ' systems '. As the mother becomes ' outside ', and hand in hand with this, the child an ' inside ', there arises a tension system between the two. Expressed in different terms, libidinal forces arise between infant and mother. As infant (mouth) and mother (breast) are not identical, or better, not one whole, any longer, a libidinal flow between infant and mother originates, in an urge towards re-establishing the original unity. It is this process in which consists the beginning constitution of a libidinal object. The emanci-

[5] Freud, S. (1949) *Civilization and its Discontents*, London, pp. 11–14. Freud refers in this connection to the contributions to this subject by Ferenczi and Federn, which clearly have influenced his thinking.

[6] — — (1914) ' On Narcissism: an Introduction ', *Collected Papers*, 4 (1948), London.

pation from the mother, which entails the tension system between child and mother and the constitution of libidinal forces directed towards her, as well as of libidinal forces on the part of the mother toward, the child—this emancipation and tension culminate in the phallic phase of the psycho-sexual development, lead to the Œdipus situation, and to the emergence of the superego.

The development away from primary narcissism, that is, the development of the ego, culminates in the resolution of the Œdipus conflict through the castration complex. The castration threat, directed against the gratification of libidinal urges toward, the mother, so that she is given up as a libidinal object, is seen as the representative of the demands of reality, the submission to the castration threat as the decisive step in the establishment of the ego as based on the reality principle.

This schematic outline of the psychosexual development is sufficient for our present purpose. It must be recognized, however, that what is condensed in the terms Œdipus conflict, castration complex, etc., takes place as a process over a long period of time, is not one event or one conflict. The time dimension contained in such concepts as Œdipus conflict, castration complex, as well as in the concepts of ego and reality, not being adequately verbalized, is all too easily omitted from our thinking. The investigations of the British School, especially of Melanie Klein, have shown that Œdipus, castration complex, superego, have all forerunners or developmental stages going back to much earlier ages than those originally postulated by Freud. This was already recognized by Ferenczi in his concept of the sphincter morality. When I speak here of Œdipus and castration complex, etc., I understand them as processes, not as anything like circumscribed events, while their names derive originally from ' traumatic events ' which at best may be called representative of the processes in question.

If we understand the Œdipus conflict and the castration threat as the prototype of the demands of reality, it should be clear how strongly for Freud the concept of reality is bound up with the father. Fundamentally, for Freud the father is a hostile figure who has to be fought or submitted to. This is the basic tenet in *Totem and Taboo*, as well as in his later writings dealing with the origins of religion (*The Future of an Illusion, Civilization and its Discontents*).

Reality, then, is represented by the father who as an alien, hostile, jealous force interferes with the intimate ties between mother and child, forces the child into submission, so that he seeks the father's protection. The threat of the hostile reality is met by unavoidable, if temporary, submission to its demands, namely to renounce the mother as a libidinal object, and to acknowledge and submit to paternal authority. It is of no importance for the purposes of this presentation that actually roles may be less well defined, or even reversed, that the mother may to a large extent represent authority and reality demands rather than the father.

The significant point in this discussion is that reality is seen as an outside force, for Freud most typically and decisively represented by the paternal figure, which actively interferes with the development of the child in such a way that the ego essentially is on the defensive, in fact becomes the defensive agency within the psychic apparatus. The interference is directed against the strivings for gratification of the libidinal urges toward, the mother, and under the assault of reality (father) the psychic apparatus undergoes a series of modifications, repressions, deflections of its original tendencies, the structural representative of which is the ego.

On the other hand, we know from considering the development of the ego, as a development away from primary narcissism, that to start with, reality is not outside, but is contained in the pre-ego of primary narcissism, becomes, as Freud says, detached from the ego. So that reality, understood genetically, is not primarily outside and hostile, alien to the ego, but intimately connected with, originally not even distinguished from it.

I believe that in Freud's thinking these two concepts of reality have never come to terms with each other, and without doubt the former concept, of reality as an essentially hostile (paternal) power, has remained the predominant one for him.

In his discussions of the origin of religious feelings, which he sees as an attempt to cope with the threatening reality, the conflict with the father and the need and longing for his protection are entirely in the foreground. ' The derivation of a need for religion from the child's feeling of helplessness and the longing it evokes for a father seems to me incontrovertible, especially since this feeling is not simply carried on from childhood days, but is kept alive perpetually by the fear of what the superior power

of fate will bring. I could not point to any need in childhood so strong as that for a father's protection.' [7] This harks back to *Totem and Taboo* where the longing for the father is described as 'the root of all religious evolution'.[8] And in this same connection Freud writes: 'In this evolution I am at a loss to indicate the place of the great maternal deities who perhaps everywhere preceded the paternal deities.' [9] And again, in *Civilization and its Discontents*: 'Thus the part played by the "oceanic" feeling, which I suppose seeks to reinstate limitless narcissism, cannot possibly take the first place. The derivation of the religious attitude can be followed back in clear outline as far as the child's feeling of helplessness. There may be something else behind this, but for the present it is wrapped in obscurity.' [10]

Religious feelings, thus, are understood as originating in an attempt to cope with hostile reality forces. The creation of father-gods is an expression of the need for help and protection from the father, in order to avoid the castrating reality which the father represents. The longing for the father, the seeking his help and protection is a defensive compromise in order to come to terms with his superior, hostile power. The idea that religious feelings may contain elements having to do with the primary narcissistic position in which 'reality' is comprised in the primary ego, and therefore with the mother—this idea is, if not rejected, declared to be obscure, at best of secondary importance, and objectionable.

In a significant passage in *Civilization and its Discontents* which has been commented upon by several authors,[11] Freud confesses his unwillingness to plunge into the depths of primordial, buried psychological levels of the primary narcissistic or related stages, and investigate them. Much in contrast to the proud and rebellious motto of *The Interpretation of Dreams* —'Flectere si nequeo superos, Acheronta movebo'—here he exclaims 'Let him rejoice who breathes in the rosy light of day',[12] as against the diver who has to plunge into the depth and darkness of the ocean. Yet he touches on this problem in the same book, speaking of 'the more general problem of conservation in the mind, which has so far hardly been discussed',[13] that is, the problem of psychological survival of original stages beside the later stages of development. And further: 'If we may suppose that this primary ego-feeling has been preserved in the minds of many people—to a greater or less extent—it would co-exist like a sort of counterpart with the narrower and more sharply outlined ego-feeling of maturity, and the ideational content belonging to it would be precisely the notion of limitless extension and oneness with the universe . . .' [14]

Let us try to take some steps towards the clarification of the problem of reality, to see whether we can bring the two contrasting concepts closer to each other.

In the primary narcissistic stage, as we have seen, there is as yet no ego confronted with objects. It is the undifferentiated stage in which the infant and its world are still one, are only beginning to differentiate from one another, which means also that the differentiation of the psychic apparatus itself into its structural elements still is dormant. In his paper on narcissism, Freud asks the question, 'Whence does the necessity arise that urges our mental life to pass on beyond the limits of narcissism and to attach the libido to objects?' His tentative answer is that 'we are so impelled when the cathexis of the ego with libido exceeds a certain degree'.[15] But, we have to say now, in the primary narcissistic position there are as yet no objects as such. We should speak, therefore, not of a passing beyond the limits of narcissism to objects, but of a differentiation into id-ego and objects out of the primary stage of unity or identity. As Freud expressed

---

[7] Freud, S. (1949) *Civilization and its Discontents*, London, p. 21.

[8] — — (1938) 'Totem and Taboo' *Basic Writings*, Modern Library, New York, p. 920.

[9] *Loc. cit.*, p. 921.

[10] *Civilization and its Discontents*, p. 21.

[11] Federn, Paul (1931) 'Die Wirklichkeit des Todestriebes', *Almanach der Psychoanalyse*, Vienna. Wittels, Fritz (1949) 'A Neglected Boundary of Psycho-analysis', *Psychoanalytic Quarterly*, **18**, p. 47.

[12] *Loc. cit.*, p. 22. This verse is from Schiller's poem 'The Diver' (translation modified), which, understood analytically, clearly symbolizes primary anxiety about a return to the womb. The assembled knights are challenged by the king to recover a cup from the depths of the ocean. He who returns the cup may keep it. A young squire accepts the challenge and dives in, returns the cup and informs the king of the horrors of the depths and of the fact that there are further depths still unexplored. The king promises the squire his daughter if he will plunge in again to explore these dreadful regions. The squire does not return from his second dive. The greater part of the poem is given to a vivid description of the horrors and dangers of the depths.

[13] p. 15.

[14] *Ibid.*, pp. 13–14.

[15] Freud, S., 'On Narcissism: an Introduction', *Collected Papers*, **4**, p. 42.

it himself: the (primitive) ego detaches an external world from itself.

The two types of libido, ego libido and object libido, derive genetically from the same source, the primary narcissistic stage of libido in which ego and object are not as yet distinguishable as such. Freud, confusingly, calls this primary narcissistic libido frequently ego-libido too, since he uses the same term, ego, for the fully developed ego of the post-œdipal stage as well as for the psychic apparatus in its original, unstructured, narcissistic stage.[16]

The following formulation, at this point, seems justified: The relationship of ego to reality is not primarily one of defence against an outer force thrust upon the ego, originally unrelated to it. The relatedness between ego and reality, or objects, does not develop from an originally unrelated co-existence of two separate entities which come into contact with each other, but on the contrary from a unitary whole which differentiates into distinct parts. Mother and baby do not get together and develop a relationship, but the baby is born, becomes detached from the mother, and thus a relatedness between two parts which originally were one becomes possible.

This does not imply, of course, that the emergence of an ego and of reality is unassociated with pain and anxiety, and, as it were, unresisted; or that there is, for the observer, no world, no environment which sends stimuli to the organism. We are concerned here merely with the question how this world becomes psychologically constituted. And we want to stress the point that the boundaries between ego and external reality develop out of an original state where, psychologically, there are no boundaries and therefore there is no distinction between the two.

It is from here that the synthetic, integrative function of the ego can be understood. The ego mediates, unifies, integrates because it is of its essence to maintain, on more and more complex levels of differentiation and objectivation of reality, the original unity. To maintain, or constantly re-establish, this unity, in the face of a growing separation from what becomes the outside world for the growing human being, by integrating and synthesizing what seems to move further and further away from it and fall into more and more unconnected parts—this is part of the activity of the ego which constitutes it as an organization, in the sense of an agency that organizes.

The Œdipus conflict would be one very decisive step in this growing separation of the individual from its environment. The tension system between child and mother, seen from this angle, through the paternal castration threat is forced on to, is transposed to a new level of integration.

It would be justified to look at the defensive function of the ego, seen in the light of the above considerations, from an entirely different point of view. What the ego defends itself, or the psychic apparatus, against, is not reality but the loss of reality, that is, the loss of an integration with the world such as it exists in the libidinal relationship with the mother, and with which the father seems to interfere in the Œdipus situation (castration threat).

Do we then advocate swinging from a 'paternal' concept of reality to a 'maternal' one? Here we have to make a fresh start and consider again the relationship between child and mother. We have taken into account only the positive libidinal tension between them, with which various factors, such as especially the paternal castration threat, interfere. We have maintained that this castration threat cannot be considered as the prototype of 'reality'. We have to add now that, while it is not reality, it is one factor in the constitution of reality. The question is, in which way, and further, is this factor adequately described if it is seen merely as a hostile, castrating factor which calls for defence on the part of the ego, and nothing else?

We have seen that ego and reality evolve gradually in conjunction with each other; the psychic apparatus undergoes a series of modifications, repressions, deflections of its original tendencies towards re-establishment of the primary narcissistic unity or identity with the environment (mother), under the interfering

[16] Freud, it should be called to mind here, introduces primary narcissism as a new concept in an attempt 'to bring our knowledge of . . . schizophrenia into line with the hypothesis upon which the libido-theory is based', to explain the withdrawal of libido from objects, as well as the megalomania (omnipotence) of psychotics, primitives and children. He says: 'Thus we form a conception of an original libidinal cathexis of the ego, part of which cathexis is later yielded up to objects, but which fundamentally persists and is related to the object-cathexes much as the body of a protoplasmatic animalcule is related to the pseudopodia which it puts out.' In the discussion referred to here, Freud struggles with the problems involved in the assumed dualism of ego- and object-libido (ego instincts and sexual instincts) without coming to a satisfactory conclusion ('Narcissism: an Introduction', *Collected Papers*, **4**, pp. 31–38).

influence of the (paternal) castration threat. The resultants of this development are the structures which we call ego and reality.

Obviously, without any 'interference' (of which the paternal castration threat is only one representative, but which starts, in extrauterine life, with the first instance of withdrawal or unavailability of the breast, and continues in such occurrences as weaning, toilet training, etc.), there would be no development of either ego or reality.

The paternal castration threat (in its broadest sense), then, would represent the interference with the primary narcissistic position in which ego and reality have as yet not evolved into distinct structures, and as such would be the stimulus necessary for their development. Thus it is one factor in the constitution of reality (and ego). But is it merely a 'hostile' factor?

It was assumed throughout this paper, and this assumption is explicit or implicit in the whole psycho-analytic literature, that the castration threat is essentially paternal. Even where the maternal aspects of the castration threat are discussed, and the fear of it as the dread of the womb, these are generally understood as in the last analysis deriving from the fear of the paternal penis phantasied inside the vagina or womb.[17] Jones quotes 'the exceptional opinion' of Karen Horney 'that this dread of the vulva is not only earlier than that of the father's penis—whether external or concealed in the vagina—but deeper and more important than it; in fact, much of the dread of the father's penis is artificially put forward to hide the intense dread of the vulva ".[18]

It seems to me that there is clinical material to support the thesis of a 'dread of the vulva' earlier than and independent of the dread of the father's penis, whether or not we agree with Karen Horney's idea that this dread of the vulva is derived 'from the boy's fear of his self-esteem being wounded by knowing that his penis is not large enough to satisfy the mother'[19] (an explanation which strikes me as touching just the surface of the problem). This fear of the woman is expressed by patients in terms such as: being drowned, sucked in, overpowered, and this in regard to intercourse as well as in regard to the relationship to mother, in particular in cases where there is no father or where the father has remained an insignificant and weak figure.[20]

If we assume that one component of the 'castration' threat is maternal in origin, in the sense stated above, this component could not be described as interfering with the primary narcissistic position. On the contrary, it would be the threat to perpetuate or re-establish this position, to engulf the emerging ego into the original unity.

We meet here with a 'castration threat' diametrically opposed to the 'paternal' threat of interference with the mother-child unity, and later, mother-child libidinal relationship. Against the threat of the engulfing, overpowering womb, stands the paternal veto against the libidinal relationship with the mother. Against this threat of the maternal engulfment, the paternal position is not another threat or danger, but a support of powerful force.

The ego, it is true, is for ever in an embattled position where it has to defend itself against powerful forces. But the danger is not all on the side of frustration of and threat to the primary narcissistic position and its genetic derivatives, the libidinal urges towards the mother. The danger is as much on the other side, on the side of the overpowering, annihilating mother. To express it in broader terms: the original unity and identity, undifferentiated and unstructured, of psychic apparatus and environment, is as much of a danger for the ego as the demand of the 'paternal castration threat' to give it up altogether. Against the threatening possibility of remaining in or sinking back into the structureless unity from which the ego emerged, stands the powerful paternal force. With this force an early identification is attempted, an identification which precedes and prepares the Œdipus complex. It would seem that Freud has in mind this positive, non-hostile aspect of the father figure (preceding the later passive identification due to the castration threat) when he speaks of an identification which 'plays a role in the early history

[17] See: Jones, Ernest (1948) 'The Phallic Phase' in *Papers on Psychoanalysis*, 5th ed., p. 452 ff.

[18] Jones, Ernest (1932) *loc. cit.*, pp. 458–9, quoting Karen Horney (1932), 'The Dread of Women', *Int. J. Psycho-Anal.*, **13.**

[19] *Ibid.* (1932) *loc. cit.*, quoting Karen Horney, 'The Dread of Women', *Int. J. Psycho-Anal.*, **13,** pp. 458–9.

[20] It is impossible, within the limits of this paper, to enter into a discussion of these problems. I feel sure, on clinical grounds, however, that a clear distinction has to be made between the castrating mother as a masculine figure on the one hand, and the mother who is feared as an all-engulfing womb, even though these two aspects may very well be fused together in the patient's unconscious.

of the Œdipus complex. The little boy manifests a special interest for his father, he wants to become and be like him. . . . *This behaviour has nothing to do with a passive or feminine attitude towards the father (or towards the male in general), it is, on the contrary, exquisitely masculine.* It is not in opposition to the Œdipus complex, but helps to prepare it.' And further: the boy then 'shows two psychologically different attachments, towards the mother a clearly sexual object cathexis, towards the father one of identification with an ideal'.[21] These two currents meet and, in mutual modification, help to form the Œdipus complex.

The father figure, then—and we are supported in this view by the above-quoted passage from Freud—is not *primarily* hostile, representing the threat of castration with which the boy copes by passive submission and/or rebellion. Earlier, and in my opinion more essential for the development of the ego (and reality), is his positive stature with whom an active, non-passive, identification is made; an identification which lies before and beyond submission as well as rebellion.

It seems that in the development of psychoanalysis, notwithstanding other observations, the predominant emphasis was laid on the secondary, threatening character of the father imago. And further, this threatening character of the father imago was understood as the personal representative, so to speak, of Reality. The ego, then, was seen as developing partly in submission to and partly in protest against such a Reality.

The foregoing analysis leads us to the assumption of two pairs of relationships to the parent figures: (1), in regard to the mother, a positive libidinal relationship, growing out of the primary narcissistic position; and a defensive, negative one of dread of the womb, dread of sinking back into the original unstructured state of identity with her; (2) in regard to the father, a positive, 'exquisitely masculine' identification with him, which lends powerful support against the danger of the womb; and a defensive relationship concerning the paternal castration threat.

The early positive identification with the father, as well as the early dread of the engulfing mother, both these currents enter into the Œdipus complex, form components of it, as much as the positive libidinal relation to the mother and the castration fear of the father. What, on the level of the Œdipus complex, has been called the paternal castration threat, is now understood as consisting of two components, a genetically later, hostile (castration) threat, and an early positive identification 'with an ideal'. Equally, what on the level of the Œdipus complex has been described as the positive libidinal relation to the mother, is understood as consisting of the two components: need for union with her and dread of this union. It is claimed here that, as the dread of the womb cannot be explained primarily by the fear of the father's penis, so the positive identification with the father cannot be reduced to the fearful submission to his castration threat.[22]

We have said earlier that the ego mediates, unifies, integrates because it is of its essence to maintain, on more and more complex levels of differentiation and objectivation, the original unity stemming from the primary narcissistic position. Reality on the post-œdipal level, however, is constituted by just these characteristics, differentiation and objectivity, which the post-œdipal ego evolves in its integrative, organizing activity. In terms of parental relationships (representing the experiential basis for this development), the original identity differentiates into the libidinal tension-system child-mother. Primary identification with father and 'dread of the womb' in mutual reinforcement drive towards further structuralization of this tension system, which is held together as a system, as it were, by the continuing libidinal urge towards the mother. The paternal castration threat operates as a further stimulus for differentiation, that is, towards the constitution of libidinal objects *as such.*

---

[21] Freud, S., *Group-Psychology and the Analysis of the Ego*, Chapter VII (Identification). Italics are mine.

[22] In the analysis of male homosexuals it can frequently be shown that their homosexuality is fed from two sources: the fear of women and the lack of opportunity for masculine identification. The fear of the woman is, if not predominantly a fear of being engulfed by her, a mixture of this and the fear of her as the woman with a penis. In such cases the homosexual partner is sought not only in feminine identification with the mother, but also representing the ever-recurring attempt at the pre-œdipal, masculine identification with the father which could not be achieved in early childhood. It is my impression that this masculine identification can become impossible also if the father is not weak, but so overwhelming that there seems to be no hope of being like him, a constellation which easily becomes fused with and overlaid by the later castration threat.

In this view, the unstructured nothingness of identity of 'ego' and 'reality' represents a threat as deep and frightening as the paternal castration threat. It is the threat of the all-engulfing womb. Dread of the womb and castration fear, both, may be powerful motives for defence, but not just defence against reality. They threaten loss of reality. Reality is lost if the ego is cut off from objects (castration threat); reality is lost as well if the boundaries of ego and reality are lost (the threat of the womb). Loss of reality always means also loss of ego. Loss of reality, in the sense here intended, does not mean that a 'part' of reality gets lost (while 'another part' is preserved). It means that the ego-reality integration sinks back, regresses to an earlier level of organization. What we observe in clinical or experimental states of regression is not that objects get lost but that they become less objective, as it were. Ego and reality, in a compulsion neurosis, regress to a magical level of integration, as they regress further in a schizophrenic reaction.[23] Upon a threat to the existing ego-reality integration, in the organizing activity of the ego they become reintegrated on a different level.

Between the danger of a loss of object-relationships and the danger of a loss of ego-reality boundaries the ego pursues its course of integrating reality. While the primary narcissistic identity with the mother forever constitutes the deepest unconscious origin and structural layer of ego and reality, and the motive force for the ego's 'remarkable striving toward unification, synthesis',—this primary identity is also the source of the deepest dread, which promotes, in identification with the father, the ego's progressive differentiation and structuralization of reality.

There is, then, a profoundly ambivalent relationship with the parent-figures at work in the constitution of ego and reality. In psychoanalytic theoretical constructions concerning ego-development and structure, the positive libidinal relationship to the mother and the hostile-submissive relationship to the father had overshadowed, if not led to a neglect of, the role of the dread of the womb and of the primary positive identification with father, in the constitution of the ego. The concept of reality had been dominated by the emphasis on the paternal castration threat, notwithstanding the introduction of the concept of primary narcissism and the investigation of early ego-development. We have tried to show that for a deeper understanding of ego and reality it is necessary to elaborate the implications of early ego-development. Ego and reality cannot be considered separately as they evolve together in successive stages of ego-reality integration.

A few implications of this approach to the ego-reality problem will be indicated in the following remarks.

It should be clearly understood that the conception of ego-reality development discussed above does by no means deny or disregard the essential role played by infantile aggression, anxieties, guilt feelings, etc., in ego formation and reality formation. It should, on the contrary, further the understanding of these phenomena if they are seen on the background given above. The various processes of infantile aggression, the various stages of incorporation and projection are considered as early stages of the activity of the primitive ego, whose synthesizing and differentiating is still much more concrete action than the comparatively abstract activity of the fully developed ego.[24] Introjection and projection are such early stages of ego-activity. In the beginning phases, as in some psychotic disturbances, it is hardly possible to distinguish between introjection and projection, as the boundaries between 'inside' and 'outside' are still so rudimentary and fluid that the two terms signify different directions of the same process rather than two different processes.

This leads to the problem of psychotic phenomena. Paul Federn, who made such important contributions to our understanding of ego-psychology and psychology of schizophrenia, has pointed out the loss of ego boundaries which occurs in schizophrenic disorders.[25] He considers this loss of ego boundaries, rather than any loss of or withdrawal from reality,

[23] In an obsessive character disorder, the difficult therapeutic task is to bring about ego-reality organization on a higher level, against the patient's 'intellectual' adjustment to what he is told is reality but remains unreal to him. This 'adjustment', to him, therefore, is at best a successful trick by which the hostile world is controlled. It is this misconception of reality which lurks behind the notion of the ego as a defence agency against a hostile reality.

[24] Ferenczi spoke of an 'omnipotence of movements' which would precede omnipotence of thought (see: Fenichel (1937) 'Frühe Entwicklungsstadien des Ichs', *Imago*, **23**, pp. 244 ff.).

[25] See especially: 'Psychoanalysis of Psychoses', *Psychiatric Quarterly*, January, April, July, 1943.

as the primary process in schizophrenia. The schizophrenic does not primarily defend himself against reality, by withdrawing from it, but reality regressively changes its character in such a way that the boundaries between ego and reality (and that means also: the boundaries of ego and of reality) become fluid and to various degrees get lost. It is a regression to more primitive stages of ego-reality integration. This should throw some light on the question of transference in schizophrenia. Freud claimed that schizophrenics were inaccessible to psychoanalysis because they do not develop transference. This is true if transference is understood as an object relationship. The often precipitous and extremely intimate transference, of hatred as well as of love, which is so frequently experienced with schizophrenics, a relationship to the therapist which seems to leap over and disregard conditions and considerations of the reality situation (as experienced by the therapist)—this transference is not an object relationship. It is an earlier stage of relatedness to others, closer to the primary narcissistic and magical feelings of identity and mutual influence. The extreme sensitivity, the 'sixth sense' many schizoid people have concerning other persons, the empathic quality of their relationships, is due to a more fluid and less differentiating ego-reality integration, similar to earlier stages.

It is impossible to grasp the full significance of such different ego-reality integration unless it is seen that the magical quality exists not only on the side of the ego but also on the side of reality. Not only the ego, at such a stage, has magical powers or is a magical power, but also reality is a magical power. The empathic relationship between baby and mother is a mutual one; not only is the baby in empathic communication with the mother, but also the mother is in empathic communication with the baby. The magical quality of this relationship may be experienced by the child not only as magical identity or communication of a positive nature, but also as a threatening, overpowering force. Omnipotence is not something that the ego experiences as within itself only, but reality is also omnipotent (whether it be so for the 'objective' observer or not), and against this the ego may experience itself as completely impotent. For a deeper understanding of the regressive phenomena in neurotic and psychotic disorders these considerations have to be taken into account.

In the formation of the ego, the libido does not turn to objects which, so to speak, lie ready for it, waiting to be turned to. In the developmental process, reality, at first without boundaries against an ego, later in magical communication with it, becomes objective at last. As the ego goes through its transformations from primitive beginnings, so libido and reality go through stages of transformation, until the ego, to the extent to which it is 'fully developed', has an objective reality, detached from itself, before it, not in it, yet holding this reality to itself in the ego's synthetic activity. Then the ego's libido has become object relationship. Only then does the ego live in what we call an objective reality. In earlier stages of ego-formation the ego does not experience reality as objective, but lives in and experiences the various stages of narcissistic and magical reality.

I mentioned earlier that Freud has raised the problem of psychological survival of earlier ego-stages side by side with later stages of ego-development, a problem which he says has as yet hardly been investigated. If we look closely at people we can see that it is not merely a question of survival of former stages of ego-reality integration, but that people shift considerably, from day to day, at different periods in their lives, in different moods and situations, from one such level to other levels. In fact, it would seem that people are more alive (though not necessarily more 'stable'), the broader their range of ego-reality levels is. Perhaps the so-called fully developed, the mature ego is not one that has become fixated at the presumably highest or latest stage of development, having left the others behind it, but is an ego that integrates its reality in such a way that the earlier and deeper levels of ego-reality integration remain alive as dynamic sources of higher organization.

(Received March 22, 1950)

SOME CRITERIA FOR THE TIMING OF CONFRONTATIONS AND INTERPRETATIONS[1]

By GEORGE DEVEREUX, PH.D.,
Winter VA Hospital, Topeka, Kansas

INTRODUCTION

The proper timing of interpretations, which decisively affects their effectiveness, is one of the most vexed problems of psycho-analytic technique. On the whole, rules regarding effective timing seldom go beyond the admonition to interpret only that for which the analysand is psychologically ready, and which he can utilize at once.

It is, of course, always possible to formulate partial procedural criteria without reference either to the general theory of the science to which the procedure pertains, or even to a theory of the entire procedure. Such empirical criteria, even if correct, have, however, no standing either in pure or in applied science. They are merely craft-lore, open merely to argument rather than susceptible of systematic proof or disproof.

Procedural criteria in psycho-analysis must satisfy at least two conditions:

(1) The theoretical justification of the criteria must be compatible both with classical analytic theory, and with systematic theory and experiment in some related field, such as *Gestalt* psychology.

(2) The criteria must be susceptible of justification both in terms of the general theory of psycho-analytic procedure, and in terms of a theory of the importance of timing in determining the effectiveness or ineffectiveness of interpretations.

This is, obviously, a large order, especially since we do not even possess an entirely coherent theory of the effectiveness of analysis (4). Although the following pages may shed some light also upon this latter problem, it must be stressed that our criteria, as well as the theoretical remarks pertaining to them, are purely tentative. However, the fact that they are based upon a coherent theory at least requires a systematic refutation, which may, in turn, lead to sounder formulations, instead of merely giving rise to unsystematic, and, therefore, unproductive, arguments about the practical merits of a bit of craft-lore.

CONFRONTATION

Confrontation, which differs appreciably from interpretation, consists essentially in a rewording of the patient's own statements, especially in the form of 'calling a spade a spade'. Nothing is added to the patient's statements, nor is anything subtracted therefrom, with the exception of the actual wording, which is viewed as an attempt to gloss over the obvious. In simplest terms, confrontation is a device whereby the patient's attention is directed to the bare factual content of his actions or statements, or to a coincidence which he has perceived, but has not, or professes not to have, registered.

Confrontations need not be affirmative statements. They may frequently take the form of questions, or even of mere inarticulate sounds, which induce or force the patient to pay attention to something he has just said or done, or to interrupt the flow of his associations when they are obviously veering away from the main issue on hand.

The difference between interpretation and confrontation is, usually, not fully understood. Thus, some analysts profess to believe that 'interpretations' should be made only when the patient has repeatedly reacted to the same stimulus in the same manner. Actually, the pointing out of such recurrences is not an interpretation at all, but merely a confrontation, i.e. nothing more than the consolidation of repetitious circumlocutions, which avoid the

[1] Sponsored by the VA and published with the approval of the Chief Medical Director. The statements and conclusions published by the author are a result of his own study and do not necessarily reflect the opinion or policy of the Veterans Administration.

true issue, into an axiom which gets down to the bare facts of the case. Confrontation is also a way of telling the patient a variety of elementary things, such as: 'I understand', 'Get to the point', 'Cut out the frills', 'Don't be afraid to speak your mind', and the like. Putting it somewhat crudely, in a confrontation the analyst sometimes merely translates the patient's euphoniously Socratic 'Know thyself!' into a more homely 'Get wise to yourself!'

Perhaps the most fundamental difference between a confrontation and an interpretation is the fact that the former is usually a starting-point for the bringing up of new problems or associations, whereas the latter is, in a way, a means of bringing to a head and resolving some hitherto insoluble problem. A further difference is that in confrontation the analyst utilizes primarily his secondary thought processes. Consequently, confrontation is an *analytic* device only in so far as it leads to the production, or to the mulling over, of some new material, *which is, eventually, interpreted* in terms of the logic of the unconscious.

The most striking confusion between confrontation and interpretation is, however, connected with certain current regressive 'developments' in the more extravagant forms of non-classical character-analysis. In certain quarters there is a distinct tendency to make only confrontations, allegedly in order to comply with the systematically misunderstood rule of analytic passivity. Actually the exclusive use of confrontations, mistakenly called 'interpretations', is merely a manifestation of that impulsive flight from the unconscious which bedevils even the best analysed and most conscientious classical analyst. However, whereas the latter will analyse his own impulse to flee the unconscious, the crypto-deviant will erect an elaborate justificatory 'theoretical' edifice upon the flimsy foundations of his impulse to flee the unconscious.

As regards 'timing', it is fairly safe to make confrontations whenever the analyst thinks that it will help to consolidate existing gains and will elicit new material which can, then, be interpreted in terms of what had been produced up to that point. There seem to be no major contra-indications to this rule, since confrontations usually involve conscious or preconscious material pertaining to the ego or to character-structure, and, thus, even though they may be partly ego-dystonic, do not stimulate prematurely explosive repressed problems. Consequently, the psychological readiness implicit in the patient's presence usually suffices to make them effective. In other words, in contrast to genuine interpretations, which demand an unusual appropriateness in timing, confrontations may, in most cases, be made whenever the analyst notices something which the patient does not profess to know, or is not aware of knowing.

Summing up, confrontation differs from true interpretations in three respects:

(1) It yields no new insight, and merely focusses the attention of the patient on something which he perceived but failed to register—or refuses to acknowledge openly. In other words, confrontation is a rather superficial manipulation of cathexes, i.e. of attention.

(2) It is the starting-point for further productions and for meditation, which, in due time, must be dealt with, and brought to fruition, by true interpretations.

(3) It is timely if it consolidates existing gains and, at the same time, facilitates transition to new material pertaining to the same configuration, which, in the opinion of the analyst, can eventually be interpreted in terms of the material already produced up to that time (Ripeness). In theoretical terms, a confrontation is timely if it provides an impetus for developing an embryonic multivalent *Gestalt* to the point where it has sufficient *Prägnanz* to permit of only one system-adequate closure.

Interpretation

Before seeking to define interpretation, as an act, we must first consider two conditions which the analyst's verbal output must satisfy in order to constitute an interpretation, rather than merely a confrontation, or, possibly, only 'sound and fury signifying nothing', i.e. something therapeutically either ineffective, or outright harmful.

(1) *The Functionality of Interpretations.* A genuine interpretation is an act whereby the *quality of intelligibility* is added to the patient's own statements and acts. *Substantive* additions are not interpretations, but an attack upon the patient's autonomy as a person.[2]

[2] In the same sense 'Good day!' and '*Guten Tag!*' are substantively identical statements. In translating 'Good day' into German *for the benefit of* a Viennese, the statement is simply made intelligible *to* the Viennese.

This view is compatible with Jokl's apt specification that the analyst must add no bricks to the patient's psyche, but must merely rearrange those already present in an ego-syntonic and functional manner (4).

(2) *The Proper Timing of Interpretations.* Only remarks which the patient is ready and able to utilize immediately constitute genuine interpretations. Untimely comments, regardless of how true they may be, cannot be viewed as genuine interpretations. In connection with this stricture it is useful to recall that the verb 'to interpret' is a transitive one, i.e. one interprets something *to someone.* No act is, therefore, an interpretation unless the person to whom it is addressed understands it.[3] In a therapeutic situation the term 'understanding' denotes the capacity to accept the interpretation emotionally as well as intellectually. This, as is well known, presupposes that the patient is psychologically ready for that *particular* interpretation.

Summing up, an interpretation must add 'nothing' to that which is being interpreted, and must be intelligible to the listener—i.e. there must be a psychic readiness for it and a possibility of utilizing the interpretation.

If we read only thus far, we may gain the impression that there is no real difference between an interpretation and a confrontation. Actually the two differ as much as an interpretation differs from a mere rewording, or from drawing someone's attention to something which the latter perceives but fails to register. The crucial difference between the two is the overwhelmingly greater significance of psychic readiness for the effectiveness of interpretations.

We now propose to link our definition of interpretations with the factor of psychic readiness, i.e. with the proper timing of interpretations, and to show that criteria for timing are not simply bits of craft-lore, but an integral part of the general theory of analytic technique.

One frequently feels that the patient's productions are comparable to fragments of a jigsaw puzzle which, if the analyst is sufficiently alert and perceptive, gradually begin to suggest a pattern, or a *Gestalt.* In other words, if the analyst remains silent long enough, or makes appropriate confrontations, the patient's disparate productions acquire the quality of *Prägnanz.* This development is fully compatible with the principle of psychic determinism. In other words, it is not a matter of accident that the patient's productions seem to belong primarily to one and the same pattern, i.e. that, at a given stage of the analysis, the patient is working through, e.g., primarily oral material, and sometimes more specifically even, e.g. fantasies of oral impregnation.[4]

In brief, at any given time the patient produces, in an 'irregular' (i.e. subjectively determined) order, bits of material pertaining to the particular configuration which preoccupies him at that time. It is also a matter of common experience that the patient is often seemingly unable to deviate very far from the main issue, even when he attempts to evade or suppress it, and continues to produce material pertaining to it, until a more or less complete pattern emerges, i.e. until the *Gestalt* acquires the quality of a more or less unequivocal *Prägnanz*, or is outright closed (worked through).

Before we examine the factors responsible for this, we propose to define briefly three technical terms borrowed from *Gestalt* psychology.

Each set of data possesses, in a more or less developed and more or less unequivocal form, a pattern or *Gestalt.* This quality of data is denoted by the term *Prägnanz.* Some philosophically inclined *Gestalt* psychologists have, therefore, implied that *the data themselves* 'demand' a completion or 'closure' of the pattern. This 'demand' is denoted by the term 'need for closure' (8). According to Angyal, 'The more the *Gestalt* approaches completion the less variation of a system-adequate continuation is possible' (2).

A more psychological conception of this situation is Kurt Lewin's hypothesis (5) that the perception of an incomplete *Gestalt* gives rise to a 'tension-system' between the observer and the *Gestalt*, which is not resolved until the *Gestalt* is 'closed'.

The concept most suitable for psychoanalytic discussions seems to be, however, 'the push towards closure', which, within the limits of reality acceptance, places the need for closure primarily within the percipient.

The need of the patient to produce data pertaining to the same *Gestalt* appears to be deter-

[3] In the same sense, the *translation* of an English sentence into Chinese is not an *interpretation* if it is addressed to a Sioux Indian.

[4] The problem of the over-determination of all psychic events, which is responsible for the fact that the same fragmentary *Gestalt* can be 'closed' in several plausible ways, will be discussed further below.

mined primarily by this push towards closure, objective reality being taken into consideration through the concept of the system's own 'need' for a 'system-adequate' completion, while reality acceptance is, in turn, covered by the concept of a tension-system between the incomplete *Gestalt* and the observer. It seems probable, however, that the concept of reality acceptance is broader even than the concept of the tension system, since it seems to imply that not even the most complete *Gestalt* is truly complete until it has been recognized as such, and until it has been integrated with the content of the observer's psyche.

The theory of a push towards closure, which analysts experience day after day in their patients, as well as in themselves, is experimentally verified by Zeigarnik's observation (9) that incomplete tasks are remembered better than completed ones. It is probable, therefore, that the patient's productions represent essentially a partial attempt to dispose of affectively incomplete tasks, by effecting a closure. Jung's remark that 'neurosis is the tyranny of the past' means, in this context, that the emotionally incomplete segments of the past continue to tyrannize over the psyche and to usurp energy, until a system-adequate and ego-syntonic closure is affected. One need hardly add that the 'incompleteness' of some past problem or experience may be due to the fact that it was not fully closed (as an experience) at the time of its occurrence, or else that it was either closed system-inadequately, or in a manner which the patient's more developed ego no longer experiences as ego-syntonic. This incompleteness of the past, which demands a system-adequate closure compatible with the orientation of the genital stage, is, thus, probably responsible for the fact that the patient takes the trouble to bring up such matters in his analysis.

This last remark implies the existence of an inherent drive towards maturity, a part of which provides for the system-adequate closure of all *Gestalten* (2). The whole process probably corresponds to that phase of homœostatic mechanisms which insures that an organism whose growth was temporarily retarded by illness will eventually reach that stage of growth which it would have reached had illness not impeded it for the time being. This drive is, presumably, also the healthy understructure of that 'will to recovery', whose neurotic aspects were so cogently studied by Nunberg (6).

This theory also implies that the patient usually produces problematic material in the form of fragments, allusions and puzzles, because the problem or experience has never quite reached an unequivocal state of *Prägnanz*, and/or the closure was effected in an unrealistic and immature manner, as in psychosis. In fact, an intense preoccupation with fragments of *Gestalten* may, in a way, be comparable to Goldstein's 'catastrophic reactions' (3), which are characterized, among other things, by extreme meticulousness in connection with details, in order to reassure oneself that there is closure—i.e. mastery—where there is actually none.

Both normal and abnormal persons have a push towards the closure of *Gestalten*. Thus, a *normal* individual, presented briefly with an incomplete circle, will 'supply' the missing arc. He retains, however, the capacity to retest this fantasied closure, and to recognize that in reality the arc is missing. In addition, he will close the *Gestalt* in a system-adequate manner, and not e.g. by means of a projecting stem, which would force him to call the resulting *Gestalt* 'an apple'.

The push towards closure is also present in abnormal personalities. In contradistinction to normals they are, however, sometimes unable to recognize that they themselves have closed the *Gestalt*. In addition, they sometimes close the *Gestalt* either long before it has achieved a sufficient *Prägnanz* to permit of only one system-adequate closure (fixation), or else in an altogether system-inadequate manner (neurosis, psychosis). Thus, neuro-ophthalmologists find that certain brain-injured patients confronted with a tachistoscopic picture of e.g. a noseless man, sometimes complete the face by adding—or, perhaps, by remaining entirely unaware of the absence of—the missing nose. In this case the closure, while realistic enough, is apparently not recognized as the product of the observer, rather than as a quality of the material. This inability to differentiate between the *actual* incomplete *Gestalt* and the *fantasied* complete *Gestalt* is directly traceable to certain pathological changes in the visual brain.

One of the most crucially important qualities of the element which serves to close a system is the fact that it is often either preconscious, or else, especially in abnormal personalities, outright unconscious. In other words, the closure often takes place in the preconscious or in the unconscious. This hypothesis is strongly supported by Pötzl's experiments, which revealed

that the whole, or certain details, of tachistoscopically projected images, which were not consciously ' seen ', tend to appear in the content of next night's dreams (7).

The closure can be effected either in a realistic or else in an unrealistic manner. In the former the closure-element is system-adequate, realistically determined and recognized as the observer's own product. In the latter it is inappropriate, neurotically determined, and believed to be an actual part of the *Gestalt*. This is confirmed, e.g. by Allport and Postman's demonstration (1) that White subjects, after looking at a picture representing a Negro and a White engaged in a quarrel, usually say that it is the Negro who held a razor, although, in reality, it was the White who had it. Closures in terms of expectations, prejudices and idiosyncratic or neurotic patterns are also obvious in the transformation of rumours, which become ' closed ' in increasingly sensational and dereistic terms (1).

The fact that the neurotic closure-element of *Gestalten* is often not merely unconscious, but also highly system-inadequate, explains why the layman either does not see the pattern of the patient's productions, or else is tempted to fit them into a *Gestalt* far more mature than that of the patient. Thus, bits of material whose implicit (neurotic) closure reveals a well-elaborated unconscious fantasy of birth through the navel, may be rejected by the psychologically insensitive observer either as a mere jumble of unconnected remarks, or else may be fitted by him into the rational *Gestalt* of normal vaginal birth, or of a preoccupation with umbilical hernias.

This point is of great importance for analytic technique, since the closure-elements of *Gestalten* which belong to the neurotic area or to the psychotic core of the personality are so system-inadequate that, on the ego-level at least, the theoretically mature and objective analyst's first impulse may be to close these *Gestalten* in a manner which is ego-syntonic for him, but utterly at variance with the patient's own unconscious closure thereof.

Let us assume that the patient has been producing bits of material which are gradually recognized as fragments of a ' birth through the navel ' fantasy. If the theory of a push towards closure is correct, then, in principle at least, if the patient is left entirely to his own devices, he would eventually become conscious of, and produce the entire fantasy (neurotic *Gestalt*), partly because it was an incomplete *Gestalt*, and partly because the production of material pertaining thereto having been started, the incomplete *Gestalt* demanded closure. It is extremely probable that it is precisely this closure-element which is the most deeply repressed and most unconscious element of the neurotic *Gestalt*.

At what point, then, should the analyst, who, one imagines, has perceived the true (system-adequate) *Gestalt* (fantasy of navel birth) implicit in these odds and ends a long time ago, intervene with an interpretation, if only as a time-saving device? [5] It is my thesis that the interpretation—i.e. the supplying of the unconscious closure element—is timely and effective when practically *all* conscious and preconscious material pertaining to that *Gestalt* has been produced, i.e. precisely when the *Gestalt* has acquired an unequivocal *Prägnanz*.

Two criteria enable one to assume that all conscious and preconscious material has already been elicited.

(1) The *Gestalt* implicit in the material must be an unrealistic and immature one, which satisfies all the criteria of a fantasy.

(2) Enough of the *Gestalt* must have been revealed to make its true configuration both unmistakable and unequivocal. This is admittedly a difficult criterion to use in practice, partly because even in a state of free-floating attention the analyst—if only in defence of his own ego-maturity—tends to look first for a realistic closure of the *Gestalt*. In addition, since fantasies, like all psychic events, are overdetermined, and since, furthermore, fantasies are, by definition, unrealistic, several ' system-adequate ' neurotic *Gestalten*—coherent only in terms of the logic of the unconscious—can be fitted together from identical bits of not quite sufficient evidence. Since only one of these several *Gestalten* will be timely, two subcriteria may, therefore, be offered at this point:

(*a*) The irrational *Gestalt* seemingly implicit in the data must correspond to the general trend of the patient's preoccupations at that time. I.e. if the patient is working through *oral* material, and if his productions would lend themselves equally well to an

[5] In principle all interpretations, including linguistic ones, are merely time-saving devices. E.g. left to his own devices, the Sioux Indian wishing to understand a Chinese phrase can, if sufficiently motivated, and given suitable opportunities, learn Chinese, and thus dispense with the services of an interpreter altogether.

oral and to a phallic *Gestalt*, the timely interpretation is that element which effects a closure of the *oral* fantasy.

(*b*) The *Gestalt* which the interpretation proposes to close must be experienced *by the analyst* as affectively fairly neutral, and, at the same time, as rather ego-alien, the purpose of this criterion being the elimination of interpretations based upon counter-transference. In fact, a fairly sound criterion of the validity of an interpretation may be the degree to which it *fits into the transference situation* obtaining at a given time, while being *at variance with the counter-transference situation* existing just then. It would, of course, be erroneous to assume that the compatibility of an interpretation with the counter-transference automatically proves it to be untimely or incorrect. It merely seems advisable to delay such interpretations until one has analysed one's own motives for offering them, and then to voice them only either in a tentative manner, or else in the form of a question.

If the closure is brought about by such a timely interpretation, the patient will react to the perception of the overall neurotically determined *Gestalt* by surprise, intense affect, further revelations, and, finally, by a critical attitude towards the neurotic *Gestalt* revealed to him. If he has sufficient ego-strength, and if the closure is neurotically ' logical ', or ' system-adequate ', the task will be felt to have been completed *in terms of the orientation of the stage at which the neurotic Gestalt originally came into being*. Then, having lost the compelling character of an incomplete task, it will be torn down, and the material will be restructured into a more system-adequate and ego-syntonic *Gestalt*, compatible with the ego-development achieved at that stage of the analysis (working-through).

One hardly needs to point out that an interpretation which merely reveals the neurotic closure-element already present in the patient's unconscious—and only at a time when the material already has an unequivocal *Prägnanz* and demands closure (psychological readiness) —satisfies in full the demand that the analyst should not add anything to the patient's psyche, and should not assault it with premature interpretations.

The thesis just proposed also accounts, in part, for the effectiveness of correct interpretations. That which permitted the perpetuation of the neurotic *Gestalt* was the repression of the closure-element, which, when made conscious through interpretation, completed, and thereby automatically neutralized, the entire neurotic *Gestalt*. This, in turn, makes both libidinal energy, and other material previously monopolized by that neurotic *Gestalt*, available for more productive and more gratifying structures and functions.

SUMMARY

(1) Confrontations stimulate rudimentary *Gestalten* to develop *Prägnanz*, and are timely when the analyst thinks that once this is achieved, he would be able to interpret them (effect a closure) correctly, even if he had to utilize solely the material already available at the time when the *confrontation* was made.

(2) Interpretations—which reveal the repressed closure element of a neurotic *Gestalt*—are timely when the material produced by the patient has achieved an unequivocal *Prägnanz*. When several equally clear-cut ways of completing the *Gestalt* in a system-adequate manner are possible, the closure-element to be interpreted is the one which is compatible with the patient's main current preoccupations.

(Received April 29, 1950)

BIBLIOGRAPHY

(1) ALLPORT, G. W., and POSTMAN, L. J. (1945). ' The Basic Psychology of Rumor ', *Trans. New York Acad. Sci.*, Series II, **8**, 61–81.

(2) ANGYAL, ANDRÁS (1941). *Foundations for a Science of Personality*. New York, Commonwealth Fund.

(3) GOLDSTEIN, KURT (1939). *The Organism*. New York, American Book Co.

(4) JOKL, R. H. (1950). ' Psychic Determinism and Preservation of Sublimation in Classical Psychoanalytic Procedure,' *Bull. Menninger Clin.*, **14**, 207–219.

(5) LEWIN, KURT (1935). *A Dynamic Theory of Personality*. New York, McGraw-Hill.

(6) NUNBERG, HERMAN (1926). ' The Will to Recovery ', *Int. J. Psycho-Anal.*, **7**, 64–78.

(7) PÖTZL, OTTO (1917). ' Experimentell erregte Traumbilder in ihren Beziehungen zum direkten Sehen ', *Z. ges. Neurol. u. Psychiat.*, **37**, 278–349.

(8) WERTHEIMER, MAX (1925). *Drei Abhandlungen zur Gestalttheorie*. Erlangen.

(9) ZEIGARNIK, B. W. (1927). ' Das Behalten erledigter und unerledigter Handlungen ', *Psychol. Forsch.*, **9**, 1–85.

ON COUNTER-TRANSFERENCE [1]

By ANNIE REICH, M.D., New York

The act of understanding the patient's productions in analysis and the ability to respond to them skilfully is not based solely on logical conclusions. Frequently the analyst can observe that insight into the material comes suddenly as if from somewhere within his own mind. Suddenly the confusing incomprehensible presentations make sense; suddenly the disconnected elements become a *Gestalt*. Equally suddenly, the analyst gets inner evidence as to what his interpretation should be and how it should be given. This type of understanding impresses one as something which is experienced almost passively; 'it happens'. It is not the result of an active process of thinking, like the solution of a mathematical problem. It seems obvious that this kind of insight into the patient's problem is achieved *via* the analyst's own unconscious. It is as if a partial and short-lived identification with the patient had taken place. The evidence of what is going on in the patient's unconscious, then, is based on an awareness of what is now going on in the analyst's own mind. But this identification has to be a short-lived one. The analyst has to be able to swing back to his outside position in order to be capable of an objective evaluation of what he has just now felt from within.

Anyhow, the tool for understanding is the analyst's own unconscious. When Freud advises that the analyst should listen with free floating attention, he has exactly this in mind. The material should be absorbed by the analyst's unconscious; there should not be any aim-directed censoring or conscious elimination through the analyst's attempts at rational thinking. This method of listening will guarantee the analyst's ability to remember, in an effortless way, those parts of the patient's previous material which connect with or serve to explain the new elements which are presented.

It is obvious what hazards may arise. If the analyst has some reasons of his own for being preoccupied, for being unable to associate freely, for shrinking back from certain topics, or if he is unable to identify with the patient, or has to identify to such a degree that he cannot put himself again outside the patient—to mention only a few of the possible difficulties—he will be unable to listen in this effortless way, to remember, to understand, to respond correctly.

Furthermore, there are more tasks for the analyst. He has to be the object of the patient's transference. He has to be the screen on to which the patient can project his infantile objects, to whom he can react with infantile emotions and impulses, or with defences against these. The analyst has to remain neutral in order to make this transference possible. He must not respond to the patient's emotion in kind. He must be able to tolerate love and aggression, adulation, temptation, seduction and so on, without being moved, without partiality, prejudice or disgust. It is, indeed, not an easy task to be able, on the one side, to feel oneself so deeply into another person as the analyst has to do in order to understand, and, at the same time, to remain uninvolved. Without having faced his own unconscious, his own ways and means of solving conflicts, that is, without being analysed himself, the analyst would not be able to live up to these difficult requirements.

To be neutral in relationship to the patient, to remain the screen, does not, of course, imply that the analyst has no relationship at all to the patient. We expect him to be interested in the patient, to have a friendly willingness to help him. He may like or dislike the patient. As far as these attitudes are conscious, they have not yet anything to do with counter-transference. If these feelings increase in intensity, we can be fairly certain that the unconscious feelings of the analyst, his own transferences on to the patient, i.e. counter-transferences, are mixed in. Intense dislike is frequently a reaction to not understanding the patient; or it may be based

[1] Read at the Midwinter Meeting of the American Psychoanalytic Association, New York City, December, 1949.

on deeper ' real counter-transference '. Too great, particularly sexualized, interest in the patient can most frequently be understood also as a counter-transference. We shall come back to this point.

A situation in which the analyst really falls in love with the patient is infrequent. In such a situation the analysis becomes impossible, and the patient should be sent to somebody else.

Counter-transference thus comprises the effects of the analyst's own unconscious needs and conflicts on his understanding or technique. In such cases the patient represents for the analyst an object of the past on to whom past feelings and wishes are projected, just as it happens in the patient's transference situation with the analyst. The provoking factor for such an occurrence may be something in the patient's personality or material or something in the analytic situation as such. This is counter-transference in the proper sense.

In a discussion before the psycho-analytic study group in Prague in 1938 between Dr. Otto Fenichel and myself on the topic of counter-transference, which Dr. Fenichel later on used as the basis of a paper entitled ' The Implications of the Didactic Analysis ' (mimeographed by the Topeka Institute of Psychoanalysis), the conception of counter-transference was understood in a much wider sense. We included under this heading all expressions of the analyst's using the analysis for acting-out purposes. We speak of acting out whenever the activity of analysing has an unconscious meaning for the analyst. Then his response to the patient, frequently his whole handling of the analytic situation, will be motivated by hidden unconscious tendencies. Though the patients in these cases are frequently not real objects on to whom something is transferred but only the tools by means of which some needs of the analyst, such as to allay anxiety or to master guilt-feelings, are gratified, we have used the term counter-transference. This seemed to us advisable because this type of behaviour is so frequently mixed up and fused with effects of counter-transference proper that it becomes too schematic to keep the two groups apart. The simplest cases in the proper sense of counter-transference are those which occur suddenly, under specific circumstances and with specific patients. These are, so to speak, acute manifestations of counter-transference. I give you a simple example which was related to me recently:

An analyst was ill, suffering pain but being able to continue work with the help of rather large doses of analgesics. One of his patients chose this time to accuse the analyst of neglecting her, of not giving her enough time, and so on. The complaints were brought forth with the nagging persistence of a demanding oral aggressive individual. The analyst became violently annoyed with the patient and had great difficulty in restraining the expression of his anger. What had been going on is fairly obvious. The analyst resented the fact that the patient was able to make these aggressive demands for attention while he, the analyst, was in a situation which would have justified similar demands, but he had to control himself. The unexpressed demands then tie up with deeper material which is irrelevant in this connexion.

The analyst is here in a special situation in which his mental balance is shaken by illness. In this condition, he cannot tolerate the patient who, as a mirror, reflects his own repressed impulses. The counter-transference reaction is based on an identification with the patient. Identifications of this kind belong to the most frequent forms of counter-transference.

Another example: A young analyst, not yet finished with his own training, feels irked by one of his patients and feels a desire to get rid of him. Why? The patient has expressed homosexual tendencies which the analyst is not inclined to face within himself. Here again the patient is the mirror that reflects something that is intolerable.

Counter-transference phenomena are by no means always manifestations of defence against the impulse, as in these last examples, but they may be simple impulse derivatives. I remember the case of a colleague who came for a second analysis because he had a tendency to fall in love with young attractive women patients. The analysis revealed that he was not really interested in these women but in identification with them, he wanted to be made love to by the analyst and in this way to gratify the homosexual transference fantasies which in his first analysis had remained unanalysed.

The sexual interest in the patient which could be called the most simple and direct manifestation of counter-transference is here the result of an identification with the patient. This is most typical. Most of the so-called ' simple ' manifestations of that kind are built after that pattern. The patients are not really the objects of deeper drives but they reflect the impulses

of the analyst as if they were fulfilled. But identification is certainly not the only possible danger. At other times, for instance, one is faced with counter-transference reactions which are provoked by the specific content of the patient's material. For instance: certain material of a patient was understood by an analyst as a representation of the primal scene. Whenever the material was touched upon by the patient the analyst reacted to it with the defence reaction he had developed in the critical situation in his childhood: he became sleepy and had difficulties in concentrating and remembering.

Sometimes the disturbances are of a more general nature, not dependent on any special situation of the analyst or special material. It is the analytic relationship as such and some special aspects of the relationship to patients which cause the analyst to be disturbed by manifestations of counter-transference. For instance, an inclination to accept resistances at face value, a feeling of inability to attack or analyse them, was based, in two cases which I could observe in analysis, on an unconscious identification with the patient, just because he was in the position of a patient. The analyst expressed in that identification a passive masochistic wish (in one case, a homosexual one; in the other case, of a woman analyst, a predominantly masochistic one) to change places with the patient and to be in the passive position. Both were tempted to let themselves be accused and mistreated by the patient. In both cases, to be a patient corresponded to an infantile fantasy.

Such manifestations of counter-transference, of course, do not represent isolated episodes but reflect permanent neurotic difficulties of the analyst. Sometimes the counter-transference difficulties are only one expression of a general character problem of the analyst. For instance, unconscious aggression may cause the analyst to be over-conciliatory, hesitant and unable to be firm when necessary. Unconscious guilt feelings may express themselves in boredom or therapeutic overeagerness. These attitudes naturally represent serious handicaps for the analyst.

Another example of this kind is a paranoid attitude which makes the analyst concentrate on ' motes ' in other people's eyes in order not to see the ' beams ' in his own. This can degenerate into complete projection of his own contents or may remain within the frame of usefulness and enable the analyst to develop an uncanny sense of smell, so to speak, for these particular contents. He does not invent them in his patients but is able to unearth them, even if they exist only in minimal quantities. Obviously the analytic situation is a fertile field for such behaviour. This mechanism may originally even have created the interest in analysis. Frequently, though, the analytic situation is not the only battleground for these forces, which extend also to other fields of life. This attitude cannot be considered as a pure counter-transference phenomenon in the proper sense any more. It belongs more to the ' acting out ' group, which I mentioned earlier, and of which I would like to bring just one example:

An analyst had the need to prove that he was not afraid of the unconscious, not afraid of his own unconscious drives. This led to a compulsion to ' understand ' the unconscious intellectually, as if to say: ' Oh, I know and understand all that, I am not scared.' This caused a tendency to preserve a safe distance from the patient's unconscious by helping to keep up an intellectual isolation and induced the analyst to overlook the patient's defence mechanisms like isolations. The aim of this acting out was, of course, to master the analyst's anxiety. Such mechanisms are double-edged. They work only for a certain time and tend to break down when the intensity of anxiety becomes too great. The analyst, being afraid of his breakdown, was frightened by any emotional breakthrough or outburst of anxiety in his patient and avoided anything which could help the patient to reach greater emotional depth. Under such conditions it became important not to identify himself with the patient at all, or, at least, only with the resistances, which then were not recognized as such but were taken at their face value, this again seriously interfering with the analyst's tasks.

The bad relationship of the analyst with his own unconscious may lead to constant doubt of the veracity of the expressions of the unconscious. Such a doubt is sometimes overcompensated by the extraordinary stress which is placed on any bit of unconscious material that can be recognized. Deep interpretations are then given in a compensatory way to overcome the analyst's doubts before the patient is ready for them. In other cases I have seen a fear of interpretations.

I shall refrain from giving any other examples for ' acting out ' in order not to overburden

the reader with too many details. But there is one more group that should be mentioned. Here the analyst misuses the analysis to get narcissistic gratifications and assurances for himself.

A specific form of this kind might be called the 'Midas touch'. It is as if whatever the analyst touches was transformed into gold. He is a magic healer. He restores potency and undoes castration. His interpretations are magic gifts. His patients become geniuses just because they are *his* patients. It is obvious what enormous gratification the analyst can get from such an attitude and how dangerous it is. It easily can lead to unrealistic evaluations of the patients, to inability to observe soberly, to therapeutic overambition and hostility against the patient who fails to give his analyst the narcissistic gratification of becoming cured by him. In general, the slow cumbersome process of analysis makes high demands on the analyst's patience and narcissistic equilibrium. It is obvious how detrimental it may become if this equilibrium is shaky, that is, if the analyst depends on his patients for narcissistic supplies.

Related to this are attitudes which one might call pedagogic ones. The analyst feels tempted to fulfil thwarted infantile desires of patients and thus to teach them that the world is not as terrible as they in their childish ways of thinking assume. Thus anxiety is smoothed over, reassurance is given instead of real analysis of the anxiety. The psychotherapeutic past with which most of our students recently come to analytic training presents us frequently with tendencies of this kind.

I remember the case of a colleague, for instance, who would constantly answer all the questions of a patient relating to the analyst's private affairs. The analyst was unable to let a frustration situation come to a peak, which would have led into the analysis of the childhood situation. Instead, he had to gratify and reassure the patient. It was as if he were saying to the patient: 'I am not treating you as you were treated, that is—mistreated—by your parents'. which means: 'I am not treating you as I was treated by my parents or by my former analyst. I am healing what they damaged.' Sometimes pedagogic attitudes like this may stand under the opposite sign: 'I shall treat you as I was treated. I will do to you what was done to me.' Here something that was originally passively experienced is transformed into something which is actively done to somebody else. This is one of the most effective forms of anxiety mastering.

I shall not continue to enumerate and describe here how the variety of possible disturbances in the activity of analysing is as manifold as the whole psychopathology of neuroses, character disturbances included. In all similar types of behaviour in which the activity of analysing is used in some way for extraneous unconscious purposes, mostly in order to keep up the analyst's inner equilibrium, the patient, as I mentioned before, is not a real object but is only used as a fortuitous tool to solve a conflict situation. Fenichel has coined a specific term to describe this situation: the patient is used as a witness to whom the analyst has to prove, for instance, that he can master the unconscious, or that he has no reason to feel guilty.

Let me stop here and look back. I have given many more examples of the permanent kind than of the acute one. This may be due to the material available to me, which after all was mostly contributed by analysts who came to analysis on account of some difficulty—but I am almost inclined to believe that indeed most counter-transference difficulties are of the permanent type. It is obvious that the acute ones are much easier to deal with than the others. Frequently a bit of self-analysis can reveal what is going on and bring about a complete solution of the conflict. The permanent and more generalized forms are consequences of deeply engrained personality difficulties of the analyst for which there is only one solution: thorough analysis. Freud, in his paper 'Analysis Terminable and Interminable', advises that the analyst after some years of practice should have some more analysis, even when the difficulties he has to struggle with are not as serious as those described. This is something we really should bear in mind.

The two forms of counter-transference manifestations could be compared with incidental hysterical symptoms in contrast to permanent character distortions. The attempt to keep these two types of counter-transference clearly separated is of course schematic. As mentioned before, there are transitions from one form to the other.

It would be impossible to attempt to give a complete description and classification of even the most frequent forms of counter-transference only. This would amount to a survey of the psychopathology of the analyst. We are most

concerned with the effect these psychological mechanisms have on analytic technique. Nearly all the phenomena mentioned will interfere with the analyst's ability to understand, to respond, to handle the patient, to interpret in the right way. But on the other hand, the special talent and the pathologic are usually just two sides of the same; a slight shift in cathexis may transform an unconscious mechanism of the analyst from a living out of his own conflicts into a valuable sublimation. On the other hand, what is the preliminary condition for his psychological interest and skill may degenerate into acting out.

It appears to me highly desirable to reach a closer understanding about the conditions under which these unconscious elements do constitute a foundation for adequate or even outstanding functioning and when they serve to interfere with or at least to complicate the activity of analysing. We said before that the unconscious of the analyst is his tool. The readiness and faculty to use his own unconscious in that way obviously must have some deeper motivation in the analyst's psychological make-up.

The analysis of these deeper motives, which, as we said, are the necessary basis for the analyst's interest, leads us back to the unconscious drives which were sublimated into psychological talent. Sometimes this personal origin of the analyst's interest in his work is clearly discernible even without analysis. I know, for instance, a number of analysts who, after many years of work, are still fascinated by their being entitled to pry into other people's secrets; that is to say, they are voyeurs; they live out their infantile sexual curiosity. Curiosity is seriously considered by many analysts as an essential prerequisite for analysis, but this curiosity has to be of a special nature. It has to be desexualized. If it were still connected with sexual excitement, this would necessarily interfere with the analyst's functioning. It must be, furthermore, removed from the original objects and has to be used for an interest in understanding their psychology and their structure. In this way the whole process is lifted above the original level of conflict.

I give here a piece of case material from the analysis of an analyst that throws some light on the psychologic background of such a sublimation; this may permit a somewhat deeper understanding of the structure of such a sublimation. The example I am choosing comes from a person who was capable and successful and had good therapeutic results. The counter-transference in his case, in spite of the rather pathological origin, was, one might say, tamed and harnessed for the benefit of the work. I shall limit myself to a few important elements.

One of the special gifts of this analyst was his keenness of observation, his ability to grasp little peculiarities of behaviour in his patients and to understand them—correctly—as expressions of an unconscious conflict. He was deeply interested in his work, to the exclusion of extraneous intellectual inclinations.

The genesis of his psychological interest could be reconstructed in analysis as follows: Dr. X. from early childhood was again and again an unwilling witness of violent fights between unhappily married parents, which frightened him and brought forth the wish to reconcile them and to undo whatever damage might have been done in their battles, which were misunderstood by the child as sadistic primal scenes. The father, strong and powerful, but intellectually the mother's inferior, was ' tearing pieces out of mother ', as she complained whenever she wished to ward off his affectionate approaches. This left mother, the boy felt, castrated, sick, complaining and, at the same time, overambitious and demanding recompensation for her own deficiencies from her son, who had to become ' magnificent ' to fill her narcissistic needs. Too frightened to identify with the father in his sadistic activities, the child rather early identified with the mother and felt passive and castrated like her. A mild attack of poliomyelitis during the height of the œdipal period served to engrave the mother identification more deeply. He now began to observe his own body as he had been observed anxiously by his mother who had been looking for signs of the illness. Overstress was now laid on any spark of masculinity, strength and perfection to contradict the inner awareness of his passivity and his fear of castration. In a partial regression he now became interested in his anal functions, following his mother here, too, who overanxiously watched his anal productions, willing to give him ample praise when she was satisfied. He now overevaluated himself just as his mother overevaluated him. At that time a peculiar fantasy appeared: he is one with mother as if he and she were one body. He is her most precious part, that is, he is her penis. By being ' magnificent ' as she wants him to be, his whole body becomes a big

penis and in this way he undoes her castration. Both together they are complete.

This fantasy remained the basis for his tendency to self-observation, which thenceforward continued to exist. In this self-observation he plays two roles. He is identified with the anxious, castrated mother who watches him and at the same time he exhibits himself in order to gratify her. This narcissistic play now becomes a new source of gratification for himself. He is proud of his keenness of observation, his intelligence and knowledge. His thoughts are his mental products, of which he is as proud as of his anal achievements. In this way he is reconstructing what mother has lost. By self-observation he heals her castration in a magic way.

When he was nine, a little brother, the only other sibling, was born. This was a fulfilment of a desire for a child of his own which had already come to the fore in connection with his anal interests. Now he develops a motherly interest in the baby and succeeds in turning away his interest to a large degree from his own body to the baby and later to other outside objects. The self-observation turns into observation of other people, and thus the original play between him and mother is re-enacted by him in projection on to outside objects and thus becomes unselfish and objective. A necessary preliminary step in the direction of sublimation was made.

Furthermore, another important development can be now noticed. His interest in the little brother becomes a psychological one. He remembers a scene when the little one, not yet two years of age, had a temper tantrum, in his rage biting into the wood of the furniture. The older brother was very concerned about the intensity of emotion in the child and wondered what to do about it. Thus the interest which originally had to do with physical intactness had turned towards emotional experiences.

The psychological interest from now on played an important role in his life. The decision to study medicine and to choose psycho-analysis as his specialty impresses us as a natural development of these interests. Here he can build up a stable sublimation of his peculiar strivings. He can now continue to observe, not himself, but other people. He can unearth their hidden defects and signs of castration and can use the technique of analysis for healing them. He has a special talent for understanding other people's unconscious and their hidden resistance. In the relationship with the patient he relives his original interplay with mother. By curing the patient he himself becomes cured and his mother's castration is undone. The cured patient represents himself as a wonderful phallus that has returned to mother. It is obvious what tremendous narcissistic stress he laid on being a ' good analyst '. In this new position, as a ' magnificent ' analyst, he represents his deepest ego-ideal as fulfilled, he is a phallic mother.

On a higher level, the patient also represents his child, his little brother, whom he wants to understand, in order to educate and help him.

The analytic faculties of this analyst are obviously based on an originally rather pathologic and narcissistic self-interest. That he is interested in a patient is based on a projection of this self-interest; but what he observes remains objective and does not represent a projection of inner experiences and fantasies. This faculty for objective observation has to do with the fact that Dr. X., in spite of the at some time unstable boundaries between him and his mother, had had a warm and affectionate relationship with her and was capable of real object libidinal relationships. He sees what is there and not what is within himself, though his motive for seeing and his ability to understand are based primarily upon his preoccupation with the mother's and his own intactness or deficiency; though deep down he wants to be a magic healer he is able to content himself with the slow process of interpreting resistances, removing defences and unearthing the unconscious. Thus one can say that though his need to understand is the result of his highly pathological mother fixation he has succeeded in sublimating these infantile needs into true psychological interest. That he wishes to understand and to heal is motivated by the past. What he understands and how he tries to heal is based on objective reality. This is essential, as it represents the difference between acting out and a true sublimation.

I am aware that in representing this bit of case material I am not being fully successful in really shedding light on the finer prerequisites of this accomplishment. The problem why a sublimation is successful or not depends to a large degree on economic factors, and these are beyond the scope of this discussion. This is a problem, by the way, which is by no means specific for this type of sublimation.

The wish to heal and the psychological interest

could be traced in this material to specific infantile set-ups. I do not feel entitled to assume that the wish to heal is typically based on a similar conflict situation. A further investigation of the origin of the interest in psychology and healing in a more general way would be a challenging problem.

What is of interest for us here is the similarity and the difference of the well-functioning sublimation and the aforementioned types of acting out. Here as well as there deep personal needs are fulfilled. But while in this sublimation the fulfilment is achieved *via* the route of desexualized psychological insight this transformation has not taken place in the pathological forms of counter-transference.

The double-edged character of such a sublimation is obvious. The intensity of interest, the special faculty of understanding lead to a high quality of work, but any disturbance of psychic equilibrium may bring about a breakdown of the sublimation and the satisfaction of personal needs may become over-important so that the objectivity in the relationship to the patient becomes disturbed.

What I should like to stress is that in this case of undisturbed functioning the psychological interest obviously is based on a very complicated 'counter-transference', which is desexualized and sublimated in character, while in the pathological examples the conflict persisted in its original form and the analytic situation was used either for living out the underlying impulses or defending against them or for proving that no damage has occurred in consequence of them.

Maybe we might come to the following conclusion: Counter-transference is a necessary prerequisite of analysis. If it does not exist, the necessary talent and interest is lacking. But it has to remain shadowy and in the background. This can be compared to the role that attachment to the mother plays in the normal object choice of the adult man. Loving was learned with the mother, certain traits in the adult object may lead back to her—but normally the object can be seen in its real character and responded to as such. A neurotic person takes the object absolutely for his mother or suffers because she is not his mother.

In the normally functioning analyst we find traces of the original unconscious meaning of analysing, while the neurotic one still misunderstands analysis under the influence of his unconscious fantasies and reacts accordingly.

(Received June 1, 1950)

COUNTER-TRANSFERENCE AND THE PATIENT'S RESPONSE TO IT[1]

By MARGARET LITTLE, London

I

I will begin with a story:

A patient whose mother had recently died was to give a wireless talk on a subject in which he knew his analyst was interested; he gave him the script to read beforehand, and the analyst had the opportunity of hearing the broadcast. The patient felt very unwilling to give it just then, in view of his mother's death, but could not alter the arrangement. The day after the broadcast he arrived for his analysis in a state of anxiety and confusion.

The analyst (who was a very experienced man) interpreted the patient's distress as being due to a fear lest he, the analyst, should be jealous of what had clearly been a success and be wanting to deprive him of it and of its results. The interpretation was accepted, the distress cleared up quite quickly, and the analysis went on.

Two years later (the analysis having ended in the meanwhile) the patient was at a party which he found he could not enjoy, and he realized that it was a week after the anniversary of his mother's death. Suddenly it came to him that what had troubled him at the time of his broadcast had been a very simple and obvious thing, sadness that his mother was not there to enjoy his success (or even to know about it), and guilt that he had enjoyed it while she was dead had spoilt it for him. Instead of being able to mourn for her (by cancelling the broadcast) he had had to behave as if he denied her death, almost in a manic way. He recognized that the interpretation given, which could be substantially correct, had in fact been the correct one at the time for the analyst, who had actually been jealous of him, and that it was the analyst's unconscious guilt that had led to the giving of an inappropriate interpretation. Its acceptance had come about through the patient's unconscious recognition of its correctness for his analyst and his identification with him. Now he could accept it as true for himself in a totally different way, on another level—i.e. that of his jealousy of his father's success with his mother, and guilt about himself having a success which represented success with his mother, of which his father would be jealous and want to deprive him. The analyst's behaviour in giving such an interpretation must be attributed to counter-transference.

II

Surprisingly little has been written on counter-transference apart from books and papers on technique chiefly meant for students in training. The writers of these all emphasize the same two points—the importance and potential danger of counter-transference and the need for thorough analysis of analysts. Much more has been written about transference, and a lot of that would apply equally well to counter-transference. I found myself wondering why, and also why different people use the term counter-transference to mean different things.

The term is used to mean any or all of the following:

(*a*) The analyst's unconscious attitude to the patient.

(*b*) Repressed elements, hitherto unanalysed, in the analyst himself which attach to the patient in the same way as the patient 'transfers' to the analyst affects, etc. belonging to his parents or to the objects of his childhood: i.e. the analyst regards the patient (temporarily and varyingly) as he regarded his own parents.

(*c*) Some specific attitude or mechanism with which the analyst meets the patient's transference.

(*d*) The whole of the analyst's attitudes and behaviour towards his patient. This includes all the others, and any conscious attitudes as well.

The question is why it is so undefined or

[1] Paper read at a meeting of the British Psycho-Analytical Society on 7 June, 1950.

undefinable. Is it that true isolation of counter-transference is impossible while the comprehensive idea of it is clumsy and unmanageable? I found four reasons.

(1) I would say that unconscious counter-transference is something which cannot be observed directly as such, but only in its effects; we might compare the difficulty with that of the physicists who try to define or observe a force which is manifested as light waves, gravity, etc. but cannot be detected or observed directly.

(2) I think part of the difficulty arises from the fact that (considering it metapsychologically) the analyst's total attitude involves his whole psyche, id and any super-ego remnants as well as ego (he is also concerned with all these in the patient), and there are no clear boundaries differentiating them.

(3) Any analysis (even self-analysis) postulates both an analysand and an analyst; in a sense they are inseparable. And similarly transference and counter-transference are inseparable; something which is suggested in the fact that what is written about the one can so largely be applied to the other.

(4) More important than any of these, I think there is an attitude towards counter-transference, i.e. towards one's own feelings and ideas, that is really paranoid or phobic, especially where the feelings are or may be subjective.

In one of his papers on technique Freud pointed out that the progress of psycho-analysis had been held up for more than ten years through fear of interpreting the transference, and the attitude of psychotherapists of other schools to this day is to regard it as highly dangerous and to avoid it. The attitude of most analysts towards counter-transference is precisely the same, that it is a known and recognized phenomenon but that it is unnecessary and even dangerous ever to interpret it. In any case, what is unconscious one cannot easily be aware of (if at all), and to try to observe and interpret something unconscious in oneself is rather like trying to see the back of one's own head—it is a lot easier to see the back of someone else's. The fact of the patient's transference lends itself readily to avoidance by projection and rationalization, both mechanisms being characteristic for paranoia, and the myth of the impersonal, almost inhuman analyst who shows no feelings is consistent with this attitude. I wonder whether failure to make use of counter-transference may not be having a precisely similar effect as far as the progress of psycho-analysis is concerned to that of ignoring or neglecting the transference; and if we can make the right use of counter-transference may we not find that we have yet another extremely valuable, if not indispensable, tool?

In writing this paper I found it very difficult to know which of the meanings of the term counter-transference I was using, and I found that I tended to slip from one to another, although at the start I meant to limit it to the repressed, infantile, subjective, irrational feelings, some pleasurable, some painful, which belong to the second of my attempted definitions. This is usually the counter-transference which is regarded as the source of difficulties and dangers.

But unconscious elements can be both normal and pathological, and not all repression is pathological any more than all conscious elements are 'normal'. The whole patient-analyst relationship includes both 'normal' and pathological, conscious and unconscious, transference and counter-transference, in varying proportions; it will always include something which is specific to both the individual patient and the individual analyst. That is, every counter-transference is different from every other, as every transference is different, and it varies within itself from day to day, according to variations in both patient and analyst and the outside world.

Repressed counter-transference is a product of the unconscious part of the analyst's ego, that part which is nearest and most closely belonging to the id and least in contact with reality. It follows from this that the repetition compulsion is readily brought to bear on it; but other ego activities besides repression play a part in its development, of which the synthetic or integrative activity is most important. As I see it, counter-transference is one of those compromise formations in the making of which the ego shows such surprising skill; it is in this respect essentially of the same order as a neurotic symptom, a perversion, or a sublimation. In it libidinal gratification is partly forbidden and partly accepted; an element of aggression is woven in with both the gratification and the prohibition, and the distribution of the aggression determines the relative proportions of each. Since counter-transference, like transference, is concerned with another person, the mechanisms of projection and introjection are of special importance.

By the time we have paranoia linked with counter-transference we have a mammoth subject to discuss, and to talk about the patient's response may be just nonsense unless we can find some simple way of approach. Many of our difficulties, unfortunately, seem to me to come from trying to over-simplify, and from an almost compulsive attempt to separate out conscious from unconscious, and repressed unconscious from what is unconscious but not repressed, often with an ignoring of the dynamic aspects of the thing. So once again I would like to say here that although I am talking mainly about the repressed elements in counter-transference I am not limiting myself strictly to this, but am letting it flow over into the other elements in the total relationship; and at the risk of being disjointed my ' simple approach ' is chiefly a matter of talking about a few things and then trying to relate them to the main theme.

Speaking of the dynamic aspects brings us to the question: What is the driving force in any analysis? What is it that urges the patient on to get well? The answer surely is that it is the combined id urges of both patient and analyst, urges which in the case of the analyst have been modified and integrated as a result of his own analysis so that they have become more directed and effective. Successful combination of these urges seems to me to depend on a special kind of identification of the analyst with the patient.

III

Consciously, and surely to a great extent unconsciously too, we all want our patients to get well, and we can identify readily with them in their desire to get well, that is with their ego. But unconsciously we tend to identify also with the patient's super-ego and id, and thereby with him, in any prohibition on getting well, and in his wish to stay ill and dependent, and by so doing we may slow down his recovery. Unconsciously we may exploit a patient's illness for our own purposes, both libidinal and aggressive, and he will quickly respond to this.

A patient who has been in analysis for some considerable time has usually become his analyst's love object; he is the person to whom the analyst wishes to make reparation, and the reparative impulses, even when conscious, may through a partial repression come under the sway of the repetition compulsion, so that it becomes necessary to make that same patient well over and over again, which in effect means making him ill over and over again in order to have him to make well.

Rightly used, this repetitive process may be progressive, and the ' making ill ' then takes the necessary and effective form of opening up anxieties which can be interpreted and worked through. But this implies a degree of unconscious willingness on the part of the analyst to allow his patient to get well, to become independent and to leave him. In general we can agree that these are all acceptable to any analyst, but failures of timing of interpretation such as that which I have described, failure in understanding, or any interference with working-through, will play into the patient's own fear of getting well, with all that it involves in the way of losing his analyst, and they cannot be put right until the patient himself is ready to let the opportunity occur. The repetition compulsion in the patient is here the ally of the analyst, if the analyst is ready not to repeat his former mistake and so once more strengthen the patient's resistances.

This unconscious unwillingness on the analyst's part to let his patient leave him can sometimes take very subtle forms, in which the analysis itself can be used as a rationalization. The demand that a patient should not ' act out ' in situations outside the analysis may hinder the formation of those very extra-analytic relationships which belong with his recovery and are evidence of his growth and ego development. Transferences to people outside the analysis need not be an actual hindrance to the analytic work, if the analyst is willing to use them, but unconsciously he may behave exactly like the parents who, ' for the child's own good ', interfere with his development by not allowing him to love someone else. The patient of course needs them just as a child needs to form identifications with people outside his home and parents.

These things are so insidious that our perception of them comes slowly, and in our resistance to them we are allying with the patient's super-ego, through our own super-ego. At the same time, we are showing our own inability to tolerate a splitting either of something in the patient, or of the therapeutic process itself; we are demanding to be the only cause of the patient's getting well.

A patient whose analysis is ' interminable ' then may perhaps be the victim of his analyst's (primary) narcissism as much as of his own, and an apparent negative therapeutic reaction

may be the outcome of a counter-resistance of the kind I have indicated in my story.

We all know that only a few of several possible interpretations are the important and dynamic ones at any given point in the analysis, but as in my story, the interpretation which is the appropriate one for the patient may be the very one which, for reasons of counter-transference and counter-resistance, is least available to the analyst at that moment, and if the interpretation given is the one that is appropriate for the analyst himself the patient may, through fear, submissiveness, etc., accept it in precisely the same way as he would accept the ' correct ' one, with immediate good effect. Only later does it come out that the effect obtained was not the one required, and that the patient's resistance has been thereby strengthened and the analysis prolonged.

IV

It has been said that it is fatal for an analyst to become identified with his patient, and that empathy (as distinct from sympathy) and detachment are essential to success in analysis. But the basis of empathy, as of sympathy, is identification, and it is the detachment which makes the difference between them. This detachment comes about partly at least by the use of the ego function of reality testing with the introduction of the factors of time and distance. The analyst necessarily identifies with the patient, but there is for him an interval of time between himself and the experience which for the patient has the quality of immediacy—he knows it for past experience, while to the patient it is a present one. That makes it at that moment the patient's experience, not his, and if the analyst is experiencing it as a present thing he is interfering with the patient's growth and development. When an experience is the patient's own and not the analyst's an interval of distance is introduced automatically as well, and it is on the preservation of these intervals of time and distance that successful use of the counter-transference may depend. The analyst's identification with the patient needs of course to be an introjective, not a projective, one.

When such an interval of time is introduced the patient can feel his experience in its immediacy, free from interference, and let it become past for him too, so that a fresh identification can be made with his analyst. When the interval of distance is introduced the experience becomes the patient's alone, and he can separate himself off psychically from the analyst. Growth depends on an alternating rhythm of identification and separation brought about in this way by having experiences and knowing them for one's own, in a suitable setting.

To come back to the story with which I began, what happened was that the analyst felt the patient's unconscious repressed jealousy as his own immediate experience, instead of as a past, remembered, one. The patient was immediately concerned with his mother's death, feeling the necessity to broadcast just then as an interference with his process of mourning, and the pleasure proper to it was transformed into a manic one, as if he denied his mother's death. Only later, after the interpretation, when his mourning had been transferred to the analyst and so become past, could he experience the jealousy situation as an immediate one, and then recognize (as something past and remembered) his analyst's counter-transference reaction. His immediate reaction to the analyst's jealousy was a phobic one—displacement by (introjective) identification, and re-repression.

Failures in timing such as this, or failures to recognize transference references, are failures of the ego function of recognizing time and distance. Unconscious mind is timeless and irrational, ' What's yours is mine, what's mine's my own'; ' What's yours is half mine, and half the other half's mine, so it's all mine ' are infantile ways of thinking which are used in relation to feelings and experiences as much as to things, and counter-transference becomes a hindrance to the patient's growth when the analyst uses them. The analyst becomes the blind man leading the blind, for neither has the use of the necessary two dimensions to know where he is at any given moment. But when the analyst can keep these intervals in his identification with his patient it becomes possible for the patient to take the step forward of eliminating them again and to go on to the next experience, when the process of establishing the interval has to be repeated.

This is one of the major difficulties of the student in training or the analyst who is undergoing further analysis—he is having to deal with things in his patients' analysis which have still the quality of present-ness, or immediacy, for him himself, instead of that past-ness which is so important. In these circumstances it may be impossible for him always to keep this time interval, and he has then to defer as full an analysis as the patient might otherwise achieve

until he has carried his own analysis further, and wait until a repetition of the material comes.

V

The recent discussions here of Dr. Rosen's work brought the subject of counter-transference to the surface with a fresh challenge to us to know and understand much more clearly what we are doing. We heard how in the space of a few days or weeks patients who for years had been completely inaccessible had shown remarkable changes which, from some points of view at least, must be regarded as improvement. But, what was not originally meant to be in the bargain, they seem to have remained permanently dependent on and attached to the therapist concerned. The description of the way in which the patients were treated, and of the results, stirred and disturbed most of us profoundly, and apparently aroused a good deal of guilt among us, for several members in their contributions to the discussion beat their breasts and cried *mea culpa*.

I have tried to understand where so much guilt came from, and it seemed to me that a possible explanation of it might lie in the unconscious unwillingness to let patients go. Many seriously ill patients, especially psychotic cases, are not able, either for internal (psychological) reasons, or for external (e.g. financial) ones, to go through with a full analysis and bring it to what we regard as a satisfactory conclusion, that is with sufficient ego development for them to be able to live successfully in real independence of the analyst. In such cases a superficial relationship of dependence is continued (and rightly continued) indefinitely, by means of occasional ' maintenance ' sessions, the contact being preserved deliberately by the analyst. Such patients we can keep in this way without guilt, and the high proportion of successes in the treatment of these patients, it seems to me, may well depend on that very freedom from guilt.

But over and above this there is perhaps a tendency to identify particularly with the patient's id in psychotic cases generally; in fact it would sometimes be difficult to find the ego to identify with! This will be a narcissistic identification on the level of the primary love-hate, which nevertheless lends itself readily to a transformation into object-love. The powerful stimulus of the extensively disintegrated personality touches on the most deeply repressed and carefully defended danger spots in the analyst and, correspondingly, the most primitive (and incidentally least effective) of his defence mechanisms are called into play. But at the same time a small fragment of the patient's shattered ego may identify with the ego of the therapist (where the therapist's understanding of the patient's fears filters through to him, and he can introject the therapist's ego as a good object); he is then enabled to make a contact with reality *via* the therapist's contact with it. Such contact is tenuous and easily broken at first, but is capable of being strengthened and extended by a process of increasing introjection of the external world and re-projection of it, with a gradually increasing investment of it with libido derived originally from the therapist.

This contact may never become sufficient for the patient to be able to maintain it entirely alone, and in such a case continued contact with the therapist is essential, and will need to vary in frequency according to the patient's changing condition and situation. I would compare the patient's position to that of a drowning man who has been brought to a boat, and while still in the water his hand is placed on the gunwale and held there by his rescuer until he can establish his own hold.

It follows from this perhaps, a truth already recognized, that the more disintegrated the patient the greater is the need for the analyst to be well integrated.

It may be that in those psychotic patients who do not respond to the usual analytic situation in the ordinary way, by developing a transference which can be interpreted and resolved, the counter-transference has to do the whole of the work, and in order to find something in the patient with which to make contact the therapist has to allow his ideas and the libidinal gratifications derived from his work to regress to a quite extraordinary degree. (We may wonder, for instance, about the pleasure an analyst derives from his patients sleeping during their analytic sessions with him!) It has been said that greater therapeutic results are found when a patient is so disturbed that the therapist experiences intense feelings and profound disturbance, and the underlying mechanism for this may be identification with the patient's id.

But these outstanding results are found in the work of two classes of analyst. One consists of beginners who are not afraid to allow their unconscious impulses a considerable degree of freedom because, through lack of experience,

like children, they do not know or understand the dangers, and do not recognize them. It works out well in quite a high proportion of cases, because the positive feelings preponderate. Where it does not the results are mostly not seen or not disclosed—they may even be repressed. We all have our private graveyards, and not every grave has a headstone.

The other class consists of those experienced analysts who have gone through a stage of over-cautiousness, and have reached the point at which they can trust not only directly to their unconscious impulses as such (because of the modifications resulting from their own analyses) but also to being able at any given moment to bring the counter-transference as it stands then into consciousness enough to see at least whether they are advancing or retarding the patient's recovery—in other words to overcome counter-transference resistance.

At times the patient himself will help this, for transference and counter-transference are not only syntheses by the patient and analyst acting separately, but, like the analytic work as a whole, are the result of a joint effort. We often hear of the mirror which the analyst holds up to the patient, but the patient holds one up to the analyst too, and there is a whole series of reflections in each, repetitive in kind, and subject to continual modification. The mirror in each case should become progressively clearer as the analysis goes on, for patient and analyst respond to each other in a reverberative kind of way, and increasing clearness in one mirror will bring the need for a corresponding clearing in the other.

The patient's ambivalence leads him both to try to break down the analyst's counter-resistances (which can be a frightening thing to do) and also to identify with him in them and so to use them as his own. The question of giving him a ' correct ' interpretation is then of considerable importance from this point of view.

VI

When such a thing happens as I have quoted in this story, to neutralize the obstructive effect of a mistimed or wrongly emphasized interpretation giving the ' correct ' interpretation when the occasion arises may not be enough. Not only should the mistake be admitted (and the patient is entitled not only to express his own anger but also to some expression of regret from the analyst for its occurrence, quite as much as for the occurrence of a mistake in the amount of his account or the time of his appointment), but its origin in unconscious counter-transference may be explained, unless there is some definite contra-indication for so doing, in which case it should be postponed until a suitable time comes, as it surely will. Such explanation may be essential for the further progress of the analysis, and it will have only beneficial results, increasing the patient's confidence in the honesty and good-will of the analyst, showing him to be human enough to make mistakes, and making clear the universality of the phenomenon of transference and the way in which it can arise in any relationship. Only harm can come from the withholding of such an interpretation.

Let me make it clear that I do not mean that I think counter-transference interpretations should be unloaded injudiciously or without consideration on the heads of hapless patients, any more than transference interpretations are given without thought to-day. I mean that they should neither be positively avoided nor perhaps restricted to feelings which are justified or objective, such as those to which Dr. Winnicott refers in his paper on Hate in the Counter-Transference (*Int. J. Psycho-Anal.*, **30**, 1949). (And of course they *cannot* be given unless something of the counter-transference has become conscious.) The subjectivity of the feelings needs to be shown to the patient, though their actual origin need not be gone into (there should not be ' confessions '); it should be enough to point out one's own need to analyse them; but above all the important thing is that they should be recognized by both analyst and patient.

In my view a time comes in the course of every analysis when it is essential for the patient to recognize the existence not only of the analyst's objective or justified feelings, but also of the analyst's subjective feelings; that is, that the analyst must and does develop an unconscious counter-transference which he is nevertheless able to deal with in such a way that it does not interfere to any serious extent with the patient's interests, specially the progress of cure. The point at which such recognition comes will of course vary in individual analyses, but it belongs rather to the later stages of analysis than to the earlier ones. Occasionally, mistakes in technique or mistakes such as errors in accounts, etc., make it necessary to refer to unconscious mental processes in the

analyst (i.e. to counter-transference) at an earlier time than one would choose, but the reference can be a slight one, sufficient only for the purpose of relieving the immediate anxiety. Too much stress on it at an early time would increase anxiety to what might be a really dangerous degree.

So much emphasis is laid on the unconscious phantasies of patients about their analysts that it is often ignored that they really come to know a great deal of truth about them—both actual and psychic. Such knowledge could not be prevented in any case, even if it were desirable, but patients do not know they have it, and part of the analyst's task is to bring it into consciousness, which may be the very thing to which he has himself the greatest resistance. Analysts often behave unconsciously exactly like the parents who put up a smoke-screen, and tantalize their children, tempting them to see the very things they forbid their seeing; and not to refer to counter-transference is tantamount to denying its existence, or forbidding the patient to know or speak about it.

The ever-quoted remedy for counter-transference difficulties—deeper and more thorough analysis of the analyst—can at best only be an incomplete one, for some tendency to develop unconscious infantile counter-transferences is bound to remain. Analysis cannot reach the whole of the unconscious id, and we have only to remember that even the most thoroughly analysed person still dreams to be reminded of this. Freud's saying ' Where id was ego shall be ' is an ideal, and like most other ideals is not fully realizable. All that we can really aim at is reaching the point at which the analyst's attitude to his own id impulses is no longer a paranoid one and so is safe from his patients' point of view, and to remember besides that this will still vary in him from day to day, according to the stresses and strains to which he is exposed.

To my mind it is this question of a paranoid or phobic attitude towards the analyst's own feelings which constitutes the greatest danger and difficulty in counter-transference. The very real fear of being flooded with feeling of any kind, rage, anxiety, love, etc., in relation to one's patient and of being passive to it and at its mercy, leads to an unconscious avoidance or denial. Honest recognition of such feeling is essential to the analytic process, and the analysand is naturally sensitive to any insincerity in his analyst, and will inevitably respond to it with hostility. He will identify with the analyst in it (by introjection) as a means of denying his own feelings, and will exploit it generally in every way possible, to the detriment of his analysis.

I have shown above that unconscious (and uninterpreted) counter-transference may be responsible for the prolonging of analysis. It can equally well be responsible for the premature ending, and I feel that it is again in the final stages that most care is needed to avoid these things. Analysts writing about the final stages of analysis and its termination speak over and over again of the way in which patients reach a certain point, and then either slip away and break off the analysis just at the moment when to continue is vital for its ultimate success, or else slip again into another of their interminable repetitions, instead of analysing the anxiety situations. Counter-transference may perhaps be the deciding factor at this point, and the analyst's willingness to deal with it may be the all-important thing.

I should perhaps add that I am sure that valuable unconscious counter-transferences may also very often be responsible for the carrying through to a successful conclusion of analyses which have appeared earlier to be moving towards inevitable failure, and also for quite a lot of the post-analytic work carried on by patients when analyses have been terminated prematurely.

In the later stages of analysis then, when the patient's capacity for objectivity is already increased, the analyst needs especially to be on the look-out for counter-transference manifestations, and for opportunities to interpret it, whether directly or indirectly, as and when the patient reveals it to him. Without it patients may fail to recognize objectively much of the irrational parental behaviour which has been so powerful a factor in the development of the neurosis, for wherever the analyst does behave like the parents, and conceals the fact, there is the point at which continued repression of what might otherwise be recognized is inevitable. It brings great relief to a patient to find that irrational behaviour on the part of his parents was not intended for him personally, but was already transferred to him from *their* parents, and to find his analyst doing the same kind of thing in minor ways can give conviction to his understanding and make the whole process more tolerable to him than anything else can do.

There will of course be phantasies in every

analysis about the analyst's feelings towards his patient—we know that from the start—and they have to be interpreted like any other phantasies, but beyond these a patient may quite well become aware of real feelings in his analyst even before the analyst himself is fully aware of them. There may be a great struggle against accepting the idea that the analyst can have unconscious counter-transference feelings, but when once the patient's ego has accepted it certain ideas and memories which have been inaccessible till then may be brought into consciousness, things which would otherwise have stayed repressed.

I have spoken of the patient revealing the counter-transference to the analyst, and I mean this quite literally, though it may sound like the dangerous blood-sport of 'analysing the analyst'. The 'analytic rule' as it is usually worded nowadays is more helpful to us than in its original form. We no longer 'require' our patients to tell us everything that is in their minds. On the contrary, we give them permission to do so, and what comes may on occasion be a piece of real counter-transference interpretation for the analyst. Should he not be willing to accept it, re-repression with strengthened resistance follows, and consequently interruption or prolonging of the analysis. Together with the different formulation of the analytic rule goes a different way of giving interpretations or comments; in the old days analysts, like parents, said what they liked when they liked, as by right, and patients had to take it. Now, in return for the permission to speak or withhold freely, we ask our patients to allow us to say some things, and allow them too to refuse to accept them. This makes for a greater freedom all round to choose the time for giving interpretations and the form in which they are given, by a lessening of the didactic or authoritarian attitude.

Incidentally, a good many of the transference interpretations which are ordinarily given are capable of extension to demonstrate the possibility of counter-transference, for instance: 'You feel that I am angry, as your mother was when . . .' can include 'I'm not angry as far as I know, but I'll have to find out about it and, if I am, to know why, for there's no real reason for me to be.' Such things of course are often said, but they are not always thought of as counter-transference interpretations. In my view that is what they are, and their use might well be developed consciously as a means of freeing counter-transferences and making them more directly available for use.

In her paper read at the Zürich Congress (*Int. J. Psycho-Anal.*, **31**, 1950) Dr. Heimann has referred to the appearance of some counter-transference feelings as a kind of signal comparable to the development of anxiety as a warning of the approach of a traumatic situation. If I have understood her correctly the disturbance which she describes is surely in fact anxiety, but a secondary anxiety which is justified and objective and brings a greater alertness and awareness of what is happening. She specifically states that in her opinion counter-transference interpretations are best avoided.

But anxiety serves first of all another purpose; it is primarily a method of dealing with an actual trauma, however ineffective it may be in this capacity. It can happen that this secondary anxiety with its awareness and watchfulness can mask very effectively anxiety of a more primitive kind. Below the level of consciousness analyst and patient can be sensitive to each other's paranoid fears and persecutory feelings, and become so to speak synchronized (or 'in phase') in them, so that the analysis itself can be used by both as defence and the analyst may swing over from an introjective identification with the patient to a projective one, with a loss of those intervals of time and distance of which I spoke earlier, while the patient may defend himself by an introjective identification with the analyst, instead of being able to project on to him the persecuting objects.

Resolution of this situation can come about through conscious recognition of the counter-transference either by the analyst or by the patient. Failure to recognize it may lead to either premature interruption of the analysis, or to prolonging it; in each case there will be re-repression of what might otherwise have become conscious, and strengthening of the resistances. Premature interruption is not necessarily fatal to the ultimate success of the analysis, any more than its prolongation is, for the presence of sufficient understanding, and some valuable counter-transference may make further progress possible even after termination, by virtue of other introjections already made.

The ideal analyst of course exists only in imagination (whether the patient's or the analyst's), and can only be made actual and living in rare moments. But if the analyst can trust to his own modified id impulses, his own

repressions of a valuable kind, and to something positive in his patient as well (presumably something which helped to decide him to undertake the analysis in the first place) then he can provide enough of that thing which was missing from the patient's early environment and so badly needed—a person who can allow the patient to grow without either interference or over-stimulation. Then a benign circle forms in the analytic situation which the patient can use to develop his own basic rhythmic patterns, and on those patterns to build up the more complex rhythms which are needed to deal with the world of external reality and his own continuously growing inner world.

VII

I have tried to show how patients respond to the unconscious counter-transferences of their analysts, and in particular the importance of any paranoid attitude in the analyst to the counter-transference itself. Counter-transference is a defence mechanism of a synthetic kind, brought about by the analyst's unconscious ego, and is easily brought under the control of the repetition compulsion; but transference and counter-transference are still further syntheses in that they are products of the combined unconscious work of patient and analyst. They depend on conditions which are partly internal and partly external to the analytic relationship, and vary from week to week, day to day, and even moment to moment with the rapid intra- and extra-psychic changes. Both are essential to psycho-analysis, and counter-transference is no more to be feared or avoided than is transference; in fact it *cannot* be avoided, it can only be looked out for, controlled to some extent, and perhaps used.

But only in so far as analysis is a true sublimation for the analyst and not a perversion or addiction (as I think it sometimes may be) can we avoid counter-transference neurosis. Patches of transitory counter-transference neurosis may appear from time to time even in the most skilled, experienced and well-analysed analysts, and they can be used positively to help patients towards recovery by means of their own transferences. According to the analyst's attitude to counter-transference (which is ultimately his attitude to his own id impulses and his own feelings) paranoid anxiety, denial, condemnation, or acceptance, and the degree of his willingness to allow it to become conscious to his patient as well as to himself, the patient will be encouraged to respond either by exploiting it repetitively, or to use it progressively to good purpose.

Interpretation of counter-transference along the lines which I have tried to indicate would make much heavier demands on analysts than before; but so did interpretation of transference at the time when it began to be used. Nowadays that is something which is taken for granted, and it has been found to have its compensations in that the analyst's libidinal impulses and creative and reparative wishes find effective gratification in the greater power and success of his work. I believe that similar results might follow a greater use of counter-transference if we can find ways of using it, though I must stress the tentativeness with which I am putting forward any of these ideas.

(Received June 19, 1950)

THE ROLE OF "DISPLACEMENT" IN AGORAPHOBIA[1]

By ANNY KATAN, M.D., Cleveland

The present paper deals with a mechanism of defence which, I believe, plays an important part in a certain phase of normal personality development as well as in certain neuroses.

I should like to start from an analytic observation:

A girl of fourteen and a half years had been in analysis for three and a half years, though with frequent and lengthy intervals. She had been brought to the analyst because of symptoms of delinquency and because of bulimia; the treatment had taken a favourable course and the little patient had lost her symptoms. Puberty set in suddenly and vehemently; at fourteen the patient appeared physically fully developed. The analysis had revolved chiefly around the mother relation (the child was motherless). The greatest difficulties had been encountered in the discussion of masturbation. The patient had felt compelled to deny it flatly. Only during the last six months did she no longer deny it, without, however, being able fully to admit it; but she began to report dreams and masturbation fantasies that revealed clearly how intensively, at this period, she was concerned with her father. At the same time she had begun to go out with a boy, and soon she told me that they were in love with each other. Her relation to me was most satisfactory and very close; it was to be expected that the analysis would progress fast and be terminated soon. At this point, however, something unexpected happened: in spite of the excellent understanding between us, the patient informed me, with the greatest affability, that she had decided to break off the treatment.

She had fantasies about the boy, she said, which were very pleasant and enjoyable; but not under any circumstances was she going to tell me about them. They were simply too personal to be communicated; maybe later; at present, however, she was sure that it was impossible; in fact, she was determined not to tolerate any interference. And since she knew that an analysis could not proceed if anything was withheld, she felt that it would be a waste of her and my time, and therefore she suggested breaking off for the time being. Whereas formerly, in similar situations, she had been ready, after overcoming the ordinary resistances, to divulge her fantasies, it seemed this time that we were confronted with an entirely new obstacle.

At first, of course, I was inclined to interpret the attitude of the adolescent as one of her former resistances, which it would be possible to conquer soon. Shortly, however, I had to realize that I was mistaken; this was obviously not one of the ordinary resistances. The patient's behaviour towards me and the outside world confirmed this impression. Neither her relation to me nor that to her foster-mother had suffered the least disturbance, nor had any conflict occurred at school or anywhere else, as would invariably have been the case with her formerly at such periods. She had full insight into the situation and did not even attempt to bring into play any of her habitual defence mechanisms. In perfect amicability, she remained adamantly determined not to permit any interference at this juncture.

There was no alternative left but to let her go and keep the door for her return to analysis as wide open as possible.

The most peculiar aspect of the matter, however, was my own persistent feeling that the adolescent patient really could not have acted any differently, and that her decision was quite justified, as it were; in fact, the young girl's behaviour did not strike one as pathological at all, but rather as perfectly normal.

My impression that the patient's behaviour

[1] First published in German in *Int. Z. f. Psychoanal.*, **23**, 1937. Translated by Gertrud Kurth, Ph.D.

corresponded to her puberal development was reinforced when I learned that other analysts had met with similar experiences in puberty cases; the discontinuance of the treatment at this age and under similar circumstances thus appeared to be a frequent, if not a typical occurrence. Yet I myself would by no means have wished to break off the analysis at this point. I was too well aware of the problems that had not yet been touched upon and that would have had to be worked through.

What, then, had happened? At first, it seemed obvious to assume that the patient's flight referred to me as to the incestuous object in the transference. Had that been the case, however, her relation to me could not possibly have remained undisturbed; she would have shown either anger, or feelings of guilt, or a similar reaction.

On the other hand, one was tempted to label the entire matter as ' natural ' and all questions as superfluous. The girl, after all, was about to become an adult, that is to say, to detach herself from the original, incestuous object and to find a new one. But why had the analysis proved such an interference with this process that it could be accomplished only outside of treatment?

Obviously the move was not due to suspicion or fear of me; our relation remained excellent, so that even after discontinuance of the treatment she had, spontaneously, consulted me on a difficult problem, which had nothing to do with her love relation, had discussed the situation and her conflicts in detail, and had willingly followed the advice I had given her in this acute situation. She never missed an opportunity to send me her regards, to bring me flowers, and to display her confidence. Briefly, in order to understand what had prevented my patient from continuing the analysis at this point, it was imperative to investigate the nature of the processes that effect the disengagement from the incestuous object and accomplish the establishment of the new object relationship.

It is known that puberty brings with it a recurrence of the œdipal conflict. The danger that threatens the ego of the adolescent at this period seems to be particularly overwhelming. His increased drives press towards gratification, his fantasies and desires press towards consciousness. In this precarious situation of imperilment by the superego, the id, and the outside world, the ego can actuate its defences in either of two directions: against the drive or against the object.

Anna Freud, in her book *The Ego and the Mechanisms of Defence*,[2] has described the hard struggle of the puberal ego against the drives and the various mechanisms of defence put in action in this struggle. Yet the very failure of the defence against his drive is the essential pre-condition for a normal development of the adolescent. In a certain sense, the defence of the normal puberal ego must fail and the drive must remain the ultimate victor in the struggle.

Here we must draw attention to the main, though not the only, motive for the adolescent's defence against his drive: the intimate connection between it and his incestuous fantasies. In the normal adolescent, failure to defend himself against his drive would thus necessarily result in what his defence is mainly directed against: incest. A reconciliation with the drive, such as we expect, can come about only through a definite transformation of the old, infantile object. In this defence against the incestuous object the ego makes use of displacement. The instinctual desires are displaced from the incestuous object on to other, new objects. Only if this defence mechanism has worked successfully can we say that the adolescent has disengaged himself from his old objects and has found a new one.

The necessarily schematic description of these processes might create the erroneous impression that I conceive of these defensive techniques as being applied in a temporal sequence. I believe that this would be a mistaken conception. I much rather tend to visualize the instinctual struggle of that period as vacillating, and the processes participating in it as interconnected.

Closer scrutiny and examination of this process of displacement, which seems to play such an important part in normal development, raises doubts whether the defence mechanism described above actually is identical with what we customarily mean by the term displacement. The process of displacement does not imply a specific, pre-ordained direction in which it is bound to occur. We know of displacements *from* the incestuous object, on to other objects; but we also know of displacement in the opposite direction, cases in which anger, fury, or other

[2] New York, International Universities Press, 1946; London, Psycho-Analytical Library No. 30, Hogarth Press.

affects aimed at indifferent objects are not experienced in relation to those but are vented only after having been re-displaced, for instance upon the mother. In the case of the defence mechanism of puberty, however, we are dealing with an irreversible process of displacement in a specific direction, namely, away from the incestuous object on to other, innocuous persons.

On further scrutiny, we discover another difference, namely, one with regard to the displaced material. While displacement in general consists in a shifting hither and thither of various affects and conflicts, the puberal process seems to concern the defence against incestuous desires exclusively. They and they only must be displaced on to other objects, when increasing instinctual pressure threatens to bring about the incestuous relation. I would therefore suggest the term ' removal ' for this particular kind of displacement.

The introduction of a new term for the specific process under discussion seems justified. We are here concerned not with the mobility or displaceability of the libido itself, in the sense of the primary process, but with a process that occurs once only and that, in case of normality, will never be reversed in the direction of incest.

The situation may well be compared to the early libidinal development of the child, and to his vacillation between the individual pregenital tendencies. Actually, this constitutes not only vacillation, flight and evasion, but also (by and large) a sequence of developmental processes. Likewise, I believe, one cannot reduce merely to ' displacement ' the puberal process of object cathexis as described above. The progress itself from the incestuous object choice to the selection of an ' exogamous ' love object takes place by means of the old mechanism of displacement (or, as one might put it, of the capacity inherent in the primitive drive to let itself be displaced). Viewed in retrospect, this process will appear as mastery of an antecedent phase; from the point of view of the present of the adolescent, however, it is a developmental thrust into the direction of the final organization of adult sexual life. In the ideal case, hardly any infantile tendencies should participate in the object choice of the adult; the infantile images should practically have been dissolved and the result should prove to be a maximum adjustment to the real and actual needs of the individual.

That is to say, the child's progress from the oral to the anal phase cannot be explained as stemming from a resistance against the original cathexis but must be understood rather as resulting from a preordained attraction of the new one; in the same way, the normal adolescent relinquishes the past and progresses to a new level, namely, the level of new object relations.

In a footnote to *The Problem of Anxiety* [3] Freud points out that in his ' study of the breakdown of the Œdipus complex [he] became mindful of the distinction between the mere repression and the true disappearance of an old desire or impulse '. However, on the basis of the foregoing discussion, we may begin to doubt whether a ' true disappearance ' of these desires could occur in childhood. Were this the case the œdipal desires could not normally recur in puberty. Accordingly, we should have to assume that, at best, the incestuous tendencies are successfully repressed in childhood, but remain extant in the unconscious. Only in puberty, after the recurrence of the Œdipus complex has been mastered, are the old tendencies actually abandoned, by means of the process I have described. That is to say, they lose their effectiveness not only as far as conscious life is concerned, but this time the modification extends also to the unconscious. Progress is achieved even in the id. The old objects are deprived of their cathexis and in this way lose most of their significance for the sexual life.

Naturally, the adolescent does not always succeed completely and immediately in this process of removal. His first love objects frequently show the traits of the incest object; more or less clearly, the choice is determined in conformity with the prototype; or we may find a choice by contrast; then the object must not show one single trait of the original one, it must represent its absolute opposite. In the former case we might assume less need for defence, whereas in the latter the emphasis on features contrary to the prototype indicates a strongly rejected, but extant attachment of a part of the libido to the incestuous object. We know how frequently the selection of love objects according to similarity or dissimilarity to the prototype persists throughout life and

[3] New York, The Psychoanalytic Quarterly Press and W. W. Norton & Co., 1936, p. 83 (Also London, *Inhibitions, Symptoms and Anxiety*, Hogarth Press).

becomes a requisite of love. These cases constitute transitions between normal object choice and the total failure of this process.

Let us now consider the case of a neurotic adolescent who is and remains hostile to his drive. If he succeeds in defending himself against his drive by repression, to the extent that the sensual tendencies become unconscious and only the tender ones are admitted to consciousness, he may forego the process of removal and will remain fixated to his original object in real life. In his consciousness, drive and object have been separated, incest has been avoided; in the unconscious, drive and object have remained united and incest has been achieved.

As an example, we may quote a case well known to the practising analyst, namely, that of the 'mother's boy', who in a childishly innocuous and utterly infantile manner remains attached to his mother. In extreme cases, he will never find an object, or even never perform sexual intercourse.

We know of other cases, of a more serious nature: patients who are hostile to their drive and to the original object and, while directing their defence against both, are doomed to isolation.

The opposite case would be that of the adolescent who does not erect defences against either the drive or the object. This might result in an incestuous relation as it occurs actually, though infrequently.

Great difficulties are encountered in the treatment of those neurotics who appear firmly fixated to their incestuous objects. In certain cases, as e.g. that of a son living with his mother, the patient is hardly able to produce a workable transference. A separation of the patient from his incest object has to be brought about before the analysis can really get under way.

But we also meet with cases of a completely different kind: with patients who transfer upon the analyst with particular vehemence and who express their instinctual desires with a peculiar lack of inhibition. They will, however, resist to the utmost acceptance of any attempt on the part of the analyst to point out the transference nature of these desires and thus to re-transfer them upon the original object.

This seems to me a confirmation of the aforedescribed structure. In the one case, the drive has been repressed. The patient is able to hold on to his incestuous object, but he utterly lacks the ability to transfer his drive on to the analyst. In the other group, the entire drive is available and in search of a new object, which is found in the person of the analyst.

In these cases, the transference has benefited from the mechanism of displacement and the patient will defend himself most vigorously against the reversal of this process. We know that many a patient remains victorious in this struggle, i.e. that his analysis fails.

Not only the interpretation of transference but analytic technique in general forces our patients to retrace the paths they had previously gone in a specific direction. A considerable part of our analytic technique, in fact, the entire interpretation of transference, is aimed against the process of displacement. What has been projected must be referred back to the central place of origin. That is why we interpret topical, new experiences in terms of the original, old ones.

Difficulties of this kind are inherent in and met with in analyses of patients of every age. In puberty, however, one is confronted with the entire force of the developmental thrust counteracting the analysis.

This is the point at which to return to my fourteen-year-old patient. The analysis had effected a far-reaching reconciliation, in the young girl, with her instinctual life; a normal puberal development had set in. Her falling in love was a success of object removal. The analysis of this removal, however, would have effected re-displacement upon the incestuous object; it would have focused her attention upon the repetitious elements in her recent love relation. Thus, the incest anxiety threatening this normal process would have been pushed into the foreground.

Vacillation between the infantile old objects and the 'healthy' new ones is a normal phenomenon of puberty. Naturally, we find a much more intense vacillation in our adolescent patients, even those whose analyses have made considerable progress. To make her incestuous desires conscious would, for my adolescent patient, have amounted to a temptation to regress, and thus would have counteracted her normal relinquishment of her old objects. The analysis can make use only of that part of the process that is repetitious; the patient, however, experienced, above all, its progressive and productive elements. It simultaneously constituted progression and flight. On the basis of these considerations it

becomes obvious why this flight, from the very beginning, had given the impression of normality.

I believe that my deductions are apt to throw a sidelight upon the difference between transference love and love in the proper sense. Jekels and Bergler, in their paper on 'Transference and Love',[4] have advanced the hypothesis that transference love differs from love fundamentally inasmuch as the object of transference is not only a love object but, possibly to a much larger extent, an object of anxiety. Apart from these authors, however, analytic literature does not assume an essential difference between transference love and love proper. Whether the concept of Jekels and Bergler constitutes a confirmation of mine is left open to discussion.

However, I should like here to emphasize the differences that seem most significant to me. As I pointed out above, the normal adolescent, who begins to love, reaches a new phase of his development with the help of a process that, leaving behind infantile tendencies, is directed towards the outside world. In contradistinction, the very nature of transference consists in as exact a reproduction of the past as possible. It is the ideal goal of successful analyses of adult neurotics to make the patient go through such processes as described above in terms of puberal development. The cured patient should have acquired the ability to love, and should no longer transfer, i.e. repeat.

So far I have dealt with a process of normal puberal development, which, in the ideal case, results in the successful relinquishment of the old, infantile object relationships. I will now describe a case apt to illustrate the opposite outcome, namely, the failure of this and related processes of object cathexis. Therefore, I will refrain from applying my new term in the description of this case and will again make use of the familiar term 'displacement'.

This is a case of agoraphobia which I shall summarize as briefly as possible in order to emphasize its essential features:

A woman of forty-one years had been in treatment with me for several years because of grave agoraphobia from which she had suffered since she was fourteen. She herself had been aware of a connection between her anxiety and masturbation; the anxiety appeared to her as a consequence of or a punishment for masturbation; therefore, to admit her symptom equalled a confession of masturbation, and this had been the reason why she had avoided treatment for so long and turned to it only at such a late stage. She fought her anxiety by far-reaching, self-imposed restrictions, gradually gave up her profession and her social life, until finally the anxiety attacks also befell her within the confines of her home, so that she felt dislodged from her last refuge and, at last, came into analysis.

I must refrain here from going into details of the course of the treatment, which proved extremely difficult and time-consuming, since the patient, in addition to her main symptom, also suffered from a grave pseudo-dementia, which enabled her to shut herself off completely from any understanding or acceptance of interpretations or explanations. This symptom, being such a readily accessible means of resistance, had to be analysed first, and that was what took up so much time.

The history of her anxiety, briefly, ran as follows:

As a child of three or four, she had suffered from grave nocturnal anxiety attacks, nightmares, and screaming spells. Up to her tenth year she slept in her parents' room, thereafter in an adjoining room, separated from the former only by a thin wall. Of this time she remembered having consciously eavesdropped on her parents' intercourse, under terrifying anxiety attacks and profuse perspiration. By screaming in her early anxiety attacks, she regularly succeeded in getting her father to come to her bed and calm her with his caresses.

At the age of eight, a class-mate seduced her to masturbate, which, for a brief period, she practised alone, and then with a younger girl. In these games, the girls imitated intercourse wherein my patient always played the feminine role. At the age of fourteen, she was infatuated with a woman teacher. During a lesson given by a man teacher, she suddenly developed anxiety, left the classroom hurriedly, and, for the first time, had the idea: How shall I get home? For the first time, the idea of 'walking in the streets' had roused anxiety. At that age, she no longer masturbated with the other girl, but alone, and was engaged in the typically vehement but futile struggle against it. The analysis of the occurrence at school revealed that the patient had fallen in love with the teacher, who wore a beard like her father. This emotion, coupled with the 'unfaithfulness' toward the beloved woman teacher, resulted in the conflict, which paralleled the œdipus conflict and therefore was so unbearable that she had to defend herself against it by developing anxiety. The reason for the displacement on to the street, however, was not yet revealed.

[4] *Imago*, 1934, **20.**

At that time, the anxiety itself was still tolerable; it was more of a feeling of discomfort which she experienced in the street; but she was able to overcome it and to go alone anywhere. The serious aggravation occurred when she was sixteen years old. The patient was supposed to attend a theatre performance of which she was afraid since she was fairly familiar with the content of the play. It took a long time in analysis to establish that it had been a performance of Sophocles' *Œdipus Rex*. The patient attended the performance in the company of her sister—one and a half years older than herself—and of a young man. This young man had originally been interested in her, but later her sister had captured him for herself. The three seats in the theatre were not adjoining, but one was separate from the other two. My patient immediately left the two adjoining seats to her sister and the young man, and sat alone. From her seat she observed the two young people's affectionate familiarity. As on the stage Œdipus' pangs of conscience were mounting, she succumbed to an anxiety attack and felt unable to stay any longer. She had to leave the building. However, she did not want to disturb her sister and her escort, and hurried to the street alone. Tottering from anxiety, she ran as far as the next crossing and waited there to accost somebody with the request to bring her home. She met a couple and accosted the man. Therefore, and because of her peculiar behaviour, these people obviously took her for a drunken prostitute and insulted her. She staggered home in panic. Her full-fledged agoraphobia dated from this experience.

The explanation of her behaviour, in this instance, was fairly obvious. As mentioned above, she had developed the habit, in her infantile anxiety attacks, of calling her father to her bed by screaming. This had had the purpose of separating her parents and preventing them from having intercourse. However, it simultaneously served the gratification of her own forbidden wishes: her father should do with her as he did with her mother, a wish she had to defend herself against by anxiety, all the more so as it was coupled with the death wish against her mother whom, at that time, she still loved dearly. Further analysis corrected the impression that the childhood scenes had taken such a happy course as she had originally described. Separating her parents was linked up with anxiety and pain for her, as we shall see later.

While Œdipus' pangs of conscience came to life on the stage, she re-experienced the conflict situation of her early childhood. Disappointed and lonely, she had to watch the exchange of tenderness between her sister and her boy friend. Though her wish to take away her father from her mother could still break through to a large extent in her early childhood, the patient, at this stage, had to defend herself against it. She permitted the two partners to remain united while she herself fled. Once she was alone in the street, the repressed yet broke through. She met a couple and performed the symptomatic action of accosting the man. The desire to separate the two so as to have the man for herself was obviously 'understood' by the strangers, and they hurled insults at her.

A fear of bridges, which played an important role in the patient's analysis, enabled us to uncover an obviously traumatic primal scene. Her fear of crossing bridges expressed itself in stereotyped behaviour. She could not walk across a bridge, but was compelled to run, as if she were chased or persecuted. But running proved peculiarly difficult; she staggered, she knocked against the rails repeatedly, she stumbled, she became weak-kneed, and she threatened to fall any moment. To this description she added later that the sensation of insecurity was caused by the peculiar feeling that she was running on a soft padding. The moment she reached the other side of the bridge, however, her anxiety abruptly ceased. It was as if she had escaped from a terrible danger.

This led back to the following childhood scene. At a very early age, she once woke up at night, in her crib, which was standing in her parents' bedroom. She watched their intercourse and began to scream. Her father, infuriated, rushed to her crib to spank the little girl. Her ensuing attempt to escape punishment contained all the elements of her later fear of bridges: she ran away from her father, i.e. she took a few steps along the length of the bed, upon the soft padding, staggering, knocking against the bars of the crib, until she was seized by her father and spanked. The father, who obviously retained intense feelings of guilt from this occurrence, thereafter always hurried to the child's bed at night when she screamed, and patiently fondled her to calm her. Thus the patient, in this one instance, had come alarmingly near the gratification of her œdipal desires. She had succeeded in separating father and mother, and in drawing upon herself the act of violence that, according to her fantasies, her father used to perform with her mother; however, this gratification remained linked up with anxiety and pain. The pathogenic, anal-sadistic gratification of her œdipal desires had been repressed: therefore, the tender scenes had been retained in consciousness all the more stubbornly. The recurring nocturnal sexual scenes, which she was forced to witness, interfered again and again with the defence mechanism she had activated abruptly. This situation persisted throughout the latency period, up to her puberty. Puberty brought increased instinctual danger. Her anxiety attacks grew more and more intense as she eavesdropped on her parents. The break-through of her incestuous desires threatened. At this period, the patient displaced the conflict on to people with whom she was less intimately connected: the man and woman teacher. But this defence proved insufficient. The man teacher clearly resembled her father. Displacement had to be more thorough. From

then on, she no longer directed her forbidden love wishes at her father (and her death wishes against her mother) in the bedroom: she had to attract to herself a complete stranger, in the street, as she had seen done by prostitutes. Thereafter, *that* was the wish she had to defend herself against by anxiety.

Freud was the first to point out the role that the temptations of the street play in this neurosis; other authors have corroborated him. Helene Deutsch[5] considers the Œdipal identification with the object that is the target of hostile tendencies to be the main characteristic of agoraphobia, and concludes as follows: 'I do not know whether these cases afford a complete explanation of the problem why agoraphobia occurs only in the street. Of course, these patients must always have a tendency to anxiety, which breaks out under conditions associated with the street. Freud holds that these conditions are (*a*) the loss of the protective shelter of the house and (*b*) the temptations of the street. Temptation arises there when regressive factors have degraded the love-life to prostitution. . . . Similarly, the street constitutes a special danger to exhibitionistic impulses. . . .'

A case of agoraphobia described by Franz Cohn[6] seems to present some features similar to mine. I shall here select only parts of his discussion of the very complicated structure of his case and shall quote some of his remarks literally:

His patient, too, was a woman who had had the opportunity, throughout her childhood and latency period, to witness her parents' intercourse. Her fantasies of having intercourse with her father were conscious. Up to her seventeenth year, she had the habit of lying down with her father on the couch for a nap every afternoon. When she had been a little girl, her father had taken her to the toilet with him and she had been allowed to sit on his knees while he defecated. She fantasied to seduce her father by flatus and to be hit by him upon her buttocks as a means of anal gratification. She remembered having slept at her father's side at the age of twelve, and having touched his penis. At about the same time, she had an odd experience: she found herself in a large spa, at the height of heat at noontime, sleep-walking in the street with her eyes shut; she accosted a strange woman as her mother and then woke up. This was supposed to have happened at the hour when she had habitually joined her father on the couch.

At the age of thirteen, there started a series of experiences on the stairway, where she permitted her brother's friends to touch her genitals and sold them this favour for money. From then on, even the strictest surveillance by her mother was of no avail. The patient's room faced the street and she communicated with her friends from her window. She behaved so much like a prostitute that her brothers were ashamed to be seen in her company. The outbreak of her disease occurred in the days of the revolution of 1918, when the patient, driven by her scoptophilic tendencies, had chosen an exposed location for her observation point. Suddenly bullets whistled round her and she fled in panic, followed by her husband. From then on she began to have dizzy spells in the street. The agoraphobia proper set in several months later, subsequent to her having been molested by a man who had originally pursued her sister and had only thereafter turned to herself. In this case she withstood the seducer, in order not to compete with her beloved sister, but then broke down with anxiety in the street.

This case seems to me to show numerous parallels to that of my patient. Unfortunately, the treatment of Cohn's patient had to be discontinued after a year and a half, so that no primal scenes could be uncovered nor could the origin of the agoraphobia be clarified completely.

This patient, too, had been exposed throughout her latency period to sexual seductions and traumata. At the age of twelve, she displaced her desires on to the strangers in the street. The fact that she walked in the street, in a somnambulistic state, with her eyes tightly closed, seems to indicate a primal scene that she *looked at*. She had to defend herself against seeing by closing her eyes, and against her sexual desires by appealing to her mother for help. At the age of thirteen, puberty set in, and the fantasies of intercourse with her father became conscious. Now she gratified her sexual desires on the stairway, with boys she was only distantly acquainted with. This, however, constituted only a transitory stage, and she then turned to complete strangers in the street. The patient suffered an instinctual break-through, diverted on to other objects. In her case, prostitution obviously functioned as a defence against incest.

In the analysis the author revealed the connection existing between her experience of a passively sustained spanking and her flight from the machine-gun fire in November, 1918. The latter contained the elements of 'fright, the attack from behind, even the blows, since her husband pushed her from behind as they ran away'.

The connection with the toilet-scene was also unravelled: 'The shooting and screaming, which

[5] Deutsch, Helene (1929) 'The Genesis of Agoraphobia', *Int. J. Psycho-Anal.*, **10**, pp. 51–69.

[6] Cohn, Franz (1928) 'Aus der Analyse eines Falles von Strassenangst', *Int. Z. f. Psychoanal.*, **14**.

occurred when she fled, corresponded to her fantasies of seduction by flatus. For her, this exciting experience assumed the meaning of a repetition of anal gratification with her father.' The author thinks that the fantasy has been displaced from the toilet to the street. 'The street had thus become the toilet.'

I believe that, for this patient, a real, exciting experience in the street facilitated displacement of a part of her anal desires. The outbreak of full-fledged agoraphobia, however, occurred only later, in a way very similar to that in which it occurred with my patient. She competed with another woman for a man, she succeeded in renouncing; thereupon, however, she had to direct towards strangers in the street her repressed desires to which she had, in this specific instance, denied gratification. This precipitated the actual outbreak of her symptom.

In the case of my patient, the anxiety to be taken for a prostitute by men, to be accosted, or even raped, replaced the anxiety experienced originally in the parental bedroom. However, her suspicion of her insufficiently repressed desires lurked behind her anxiety. This interpretation was confirmed when, in the course of the treatment, she began to take walks at my suggestion. She always planned shopping and carried large packages so that no one might harbour the suspicion that she was walking in the street 'for pleasure'. She particularly dreaded stopping, for instance, waiting for a bus, because she had frequently observed prostitutes acting in that way. For the same reason, she was afraid of window-shopping. At such occasions the anxiety attack was introduced by the fantasy that a man accosted her because he had taken her stopping as an invitation.

It was amazing with what stubbornness my patient defended her agoraphobia. Since the displacement of her repressed desires upon the strangers in the street protected her from the much more dangerous œdipal desires, the patient resisted to the utmost the reversal of this mechanism. She clung to her anxiety desperately, and as the interconnections began to become clear to her, her greatest anxiety concerned the loss of her anxiety. Wherever she was walking or standing, she had to make sure that she still could command her anxiety, that it still was at her beck and call. If she had walked for a little while, and had remained free from anxiety, she might stop because, as mentioned above, this was what would produce anxiety; then she would say to herself: 'It'll come up, it'll come up right away, immediately.' If it did not turn up immediately or not intensively enough, she would predict the onset for the next street-corner and would not give in until she again experienced the longed-for sensation. In her analysis, there occurred actual grotesque scenes; in moments of great excitement, she would wring her hands, and either scream or implore me with tears: 'Please, let me keep my anxiety, don't take it away, I know it so well, what shall I do without it, what will replace it is going to be so horrible that I will be unable to bear it', and so forth.

In a seminar on child analysis, Steff Bornstein reported on an eleven-year-old boy who, in the course of treatment, developed a fear of stairs. It followed from his fantasies that he had displaced to the stairs his fear of his sexual desires for the analyst. It seems to me that in children, anxiety on stairs frequently takes an intermediary position between the anxiety experienced in a room in relation to the incestuous object, on the one hand, and agoraphobia, on the other; the symbolic meaning of the stairs may facilitate the displacement.

It seems interesting to relate, in this context, a case of anxiety displacement a little five-year-old patient of mine performed. He was brought to me because he suffered from the gravest anxiety whenever his mother left the house without him. It soon became evident that his anxiety would break out when he knew that his mother was going to use a means of transport. He fantasied that she might get into danger in any of the following ways: she might attempt to board a tram or a bus in motion and might fall, she might be arrested by a policeman for this misdemeanour, a negligent or malicious conductor might give the signal for departure prematurely, or even push or kick her from the steps. Briefly, he was afraid that the strong, impressive men who direct traffic might harm his mother, and he was convinced that he could protect her by his very presence. The fear of the impressive men in the street could easily be traced back, in the analysis, to the fantasy that the father injured the mother in the bedroom—the boy had witnessed a primal scene at the age of one and a half. In the street he felt himself to be the only efficient watcher, as was true for the bedroom. The correctness of this interpretation was confirmed by the fact that he was by no means reassured if his father accompanied his mother to the street, but that, on the contrary, this increased his anxiety.

In the course of this particular part of the analysis, he began to display rather peculiar behaviour. His mother reported that he walked with his eyes closed on the stairs as well as in the street. She had the impression that there was something that he did not wish to see. The boy, however, said that this was just an intriguing game. He directed traffic with his eyes. Closed eyes had the meaning of red stop light, open eyes corresponded to green light, and winking to yellow. In the games that he played during the analytic sessions, the boy always wanted himself to impersonate the wild, strong men, such as policemen; only identification with the 'wild man' of the primal scene enalbed him to defend himself against his anxiety. He himself had to possess the power of directing traffic, be it as policeman or as traffic light. The opening and closing of his eyes had probably played a magic

role during the observation of intercourse; children frequently fantasy that they can influence the terrible occurrence by looking at it, or looking away; that theirs is the power over life and death. Again the staircase seemed to assume an intermediary position between the bedroom and the street. In his fantasies, the boy had to play the masculine, aggressive role, to defend himself against his feminine desires towards his father and against the corresponding death wishes against his mother as a competitor.

What induced me to discuss this example in some detail is the identity of the elements in the anxiety of this boy with agoraphobia. Naturally, I cannot say whether his neurosis, without treatment, would have developed into agoraphobia. But it did show elements on which later agoraphobia could have been built up, such as the displacement of the stage from the room to the street, the transformation of the best-known of all men, the father, into a complete stranger, and the inclination to master by phobia. As a phobic patient will avoid going into the street so as to avoid anxiety, in the same manner this boy forbade his mother to leave the house. Parallel to the death wishes ordinarily met with in such cases, this boy 'eliminated (through traffic)' the partner whose place he wished to assume (in intercourse). In accordance with his feminine attitude he wished to eliminate his mother.

The symbolism of the street seems to play a similar role in agoraphobia. The street can assume various symbolic meanings, which will change according to the phase of the analysis. Thus street and bridge would symbolize the penis at one phase in the treatment of my woman patient, and at a later period would mean the bedroom, and street traffic would then equal parental intercourse. To recognize and interpret this symbolism is of as little therapeutic value as is purely symbolic dream interpretation. Only the interpretation that the stubborn clinging to her agoraphobia simultaneously served as a safeguard against the dreaded re-displacement on to her infantile conflicts was therapeutically effective. The first interpretation explains only the contents of the anxiety, the second reveals its function and, in conjunction with the first, implements the therapeutic goal.

All authors (Fenichel, Deutsch, Cohn, Bergler, Eidelberg) who have dealt with agoraphobia emphasize the importance of exhibitionistic desires in its etiology. This applies markedly to my patient, and I believe that I am able, in her case, to throw light on the origin of and defence against these exhibitionistic desires. In working through her anxiety we discovered that she usually had asked to be put on her pot when she had called her father to her bed at night. Frequently she pretended that she had to urinate as a reason for having called him, since she could not confess the real reason. This exhibition while urinating served the purpose of seducing her father.

Shortly thereafter, the little girl developed a symptom that her mother felt to be most annoying. Whenever she went out with her mother, she was seized by an attack of micturition, regardless of whether or not she had urinated before she left the house. The mother would then not take her to a public toilet but made her urinate in the street where everybody could see her. Then the patient would feel shame and anxiety if people, particularly men, looked at her. As early as this she had displaced her exhibitionistic desires from her father and the parental bedroom to the strangers in the street, whereas her defiance and aggression were directed against her mother, whom she reproached for exposing her to men, and from whom she expected both protection and punishment. Thus it seems to me that exhibitionistic desires—or anal desires, as in the case of Franz Cohn's patient—if warded off, can be displaced from the incestuous object on to the street. Whether this defence mechanism which I found in this case plays an integral part in the origin of agoraphobia I would not dare to decide definitely, since I am unable to refer to a sufficient number of cases to prove this assertion. However, I should like, in support of my hypothesis, to relate a dream of one of my female patients who had sought analysis because of character difficulties.

We had found on the basis of numerous situations and dreams that one of her inhibitions in her relation with men consisted in the fear of arousing some woman's anger by coming too close to a man. Next day she brought the following dreams:

1. *She takes a walk, hand in hand or arm in arm, with her friend's husband; his wife is somewhere in a hospital and is very angry or jealous.*

2. *She is in the theatre and she watches a scene on the stage between a woman in a red bathing suit and a man. The man is a cancer specialist and examines the woman. It is clear that the woman is his mistress. Suddenly the patient is on the stage, in place of that woman. Thereupon she is terrified and rushes to the street. In her terrible fear that the man, the cancer*

specialist, might pursue her she accosts a complete stranger, an old man, and asks him to accompany her home. In order, however, to prevent any misunderstanding of her request or its interpretation as a sexual invitation, she volunteers the promise not to talk on the way. The old man replies that this would suit him fine since he was short of breath. . . .

Here we see the above-discussed mechanism at work in the manifest dream content. The patient watches her parents making love and sets herself in her mother's place. Here she has to repress vehemently and displaces her desires on to the strange man in the street who, in turn, obviously bears her father's features. (For years, the patient had not exchanged a word with her father!) I was so amazed about this dream, that I asked the patient whether she had never suffered from agoraphobia. She was dumbfounded that she had not remembered this before. At the age of fourteen, she had hardly been able to walk in the street. She was incessantly afraid that men would accost her. This patient suffered in puberty from the same symptom that I described of my other patient. She had displaced her incestuous desires on to the street. Later, she got rid of the symptom of agoraphobia. However, up to the time of her analysis she suffered from violent fear of men she was not closely acquainted with and avoided sexual relations.

In conclusion, I wish to compare normal puberal development and the origin of agoraphobia. While we found that removal in normal puberty constitutes successful defence and thus a process that occurs only once and need never be repeated, it is obviously different with agoraphobia. The repressed incessantly returns in the defence mechanism itself. Thus my patient had displaced her incestuous desires from her father to the strangers in the street. However, as a protection against these strangers she habitually requested her father to escort her and she would then go arm in arm with him; similarly, her parents' apartment, in which she continued living after her marriage, appeared to her as a refuge from the dangers of the street. She was driven into analysis when she found herself encircled because the anxiety attacks had reverted to their place of origin.

The removal of the desires from the danger zone on to outside objects is what safeguards, in puberty, freedom of libidinal cathexis, normal development, and object choice undistorted by incestuous desires.

In the neurosis of agoraphobia this process appears in a distorted form. The agoraphobic patients are hostile to their drive and to their object. While they succeed in replacing the dangerous, incestuous object and in retaining the direction of the displacement, the instinctual energy has, nevertheless, not been disengaged. Had my patient's drive been disengaged, she would have had to become a prostitute, like Franz Cohn's patient who, in periods of instinctual breakthrough, actually did lead the life of a prostitute.

We find prostitution fantasies normally in every adolescent. I believe they correspond to a defence process and constitute, as it were, a transition to object finding. Slight agoraphobia as an acute symptom seems to constitute a normal transitory stage in young girls. How much of this goes back to the situation described above, and how much to the more or less justified warnings of mothers, is hard to decide. In the place of this acute symptom of agoraphobia, adolescent boys frequently run around for hours in the streets; this habit can be interpreted as object search displaced on to the street. In some cases, such strolling and daydreaming may substitute for masturbation fantasies.

What is being displaced in agoraphobia is not the instinctual desire but the product of defence. Incestuous anxiety is replaced by agoraphobia; whereas in puberty real incest is replaced by the real relation to an outside object.

The difference between removal and displacement is thus brought into strong relief. One can never apply the term " removal " to childhood phenomena; there we always deal with displacement; the same is true whenever infantile tendencies play a part in the life of the adolescent or of the adult. In displacement, incestuous features are retained; the concept of removal should be reserved for that process which abolishes incestuous tendencies once and for all. By this step the adolescent has grown up, i.e. he has acquired the ability to love as an adult.

OBITUARY

AUGUST AICHHORN, July 27, 1878–October 17, 1949

In September 1948 August Aichhorn had the first premonitions of the grave illness which was to lead to his death a year later. He was in Budapest, visiting a Children's Home, discussing methods of upbringing with the officers-in-charge, when he felt overcome by a sudden faintness which interfered with his speech and train of thought. Though the spell passed without leaving after-effects, Aichhorn did not deceive himself about its significance. In a letter dated September 16, 1948, he wrote: 'My doctor calls it an attack of severe migraine but I have a different opinion about it.' Subsequently he was advised to cancel some of his immediate commitments, which included the paper before the Hungarian Psycho-Analytical Society, for which he had travelled to Budapest, as well as a paper to be read in Amsterdam. The latter was to mark Aichhorn's first appearance before the Dutch Psycho-Analytical Society, an occasion which several members from England planned to attend. He had taken immense trouble over this paper for weeks beforehand, as shown by a letter of August 20, 1948: '. . . enclosed is a copy of my paper on "New Aspects of Delinquency" which is a summary in part of my earlier attempts at "Classifications of Delinquency". . . . I need to know whether my ideas about the causes of delinquent development are right and, if they are, whether they are formulated well enough to make my meaning clear. It would matter less if this were intended to be a public lecture where not more than half the meaning ever carries over to the audience; but it is the basis of my paper for the Dutch Society. Usually I do not care really whether I fail or succeed in a lecture, but . . . I do care when it is Amsterdam. . . .'

From that time until his death, Aichhorn's life was a persistent struggle between the attacks and ravages of a progressive disease and his attempts to carry on work and fulfil his obligations. Besides being a lay-analyst with a large practice, Aichhorn at that time was chairman of the Vienna Psycho-Analytical Society which he had re-created recently, their training-analyst, supervising analyst, lecturer and most active member; he was organizer of a training course for the analytic study and treatment of delinquency; he had to deal with a large correspondence and with an increasing flow of visitors from abroad, workers in the field of child-guidance and delinquency who wished to meet the author of *Wayward Youth*, to see him at work, or to work under him. When he finally died of a cerebral thrombosis in October, 1949, Aichhorn left behind, not only personal friends who felt his loss deeply, but hundreds of pupils and admirers in all parts of the world; patients and students who had counted on completing their analyses with him; a growing psycho-analytical society in urgent need of his guidance; and the unfinished plans for a publication meant to co-ordinate and systematize the findings about delinquency which resulted from the work done during his later years.

When Aichhorn turned to the study of psycho-analysis after the first world war, there was nothing to foretell that he was destined to become one of the significant figures of the psycho-analytic movement. He entered the Vienna Psycho-Analytical Society in 1922 and took his place as a modest student at the bottom of the table. He did not take part in the discussions nor make his presence felt except on the rare occasions when he presented a paper of his own, which he invariably did with many doubts and misgivings. When working in his own field, Aichhorn had a calm self-confidence which remained unshaken under the impact of his young delinquents and criminals or by the attacks of hostile government officials. But this self-possession left him when he came up against what he felt to be the brilliant young theoreticians among the psycho-analysts. None of his former experiences—as teacher in council schools, as organizer for the Municipality of child-care and child-guidance institutions and of reformatories—had prepared him for the easy flow of talk and quick interchange of ideas, as

it went on between the members of the Vienna Society. Aichhorn's own speech was vivid, and even brilliant, so long as it was a matter of describing facts, case-histories, modes of approach and reaction. When it came to the expression of ideas, he became diffident. He was a slow, plodding thinker, careful in his deductions, groping for theoretical formulations, given to the use of visual aids, such as diagrams, and even retreating into a dry, semi-official language, interspersed with figures and historical dates when he was afraid of being carried away by his passionate concern for the subject or by the flight of his imagination. He would never have grown accustomed to the atmosphere of the Psycho-Analytic Society if it had not been for the respect and interest shown to him by its founder, the consistent encouragement given by his training-analyst Dr. Paul Federn, and the gradual growth of a warm friendship with a very few of the members, such as Dr. W. Hoffer and the present writer.

Aichhorn was too modest to realize that his arrival in the Society marked the opening-up of a new field of application for psycho-analysis nor that he had as much to offer to psycho-analysis as he could hope to gain from the study of the new science. He was an expert in his own field, a successful educator and re-educator, with abundant human material at his disposal. He did not need analytic insight to learn how to handle delinquents; he was a master in handling them, individually and in groups, before he had ever heard of psycho-analysis. He did not even need the analytic psychology to understand delinquency. His understanding of dissocial manifestations was intuitive, based on an automatic, effortless identification with the delinquent or criminal individual with whom he had to deal. But, unlike most other workers in similar positions, he did not rest content with his therapeutic successes—which seemed miraculous to many people—nor with the highly efficient group organization for which his two reformatories (Ober-Hollabrunn, 1918–20, St. Andrä, 1920–22) were to become famous. He wanted to replace intuition by objective knowledge or, at least, to add the latter to the former. The various trends of research into criminality —psychiatric, psychological, anthropological and biological—to which he had turned for enlightenment earlier, had left him dissatisfied. They seemed to him sterile in the one-sided stress laid either on heredity or on the environment. For Aichhorn it was a point beyond dispute that all individual development, whether on social or on dissocial lines, was the result of interaction between innate and environmental factors. But he considered heredity as responsible merely for the material, and environment responsible merely for the method of dealing with it. What remained unexplained was, in his own words, 'insight into the specific interplay of mental forces which leads to dissocial development'. It was this interest in the dynamic aspect of the dissocial manifestations which made him turn to psycho-analysis.

Instead of looking for ready-made theoretical answers to his problems, Aichhorn began practical work in the analytic field as soon as his period of training was completed. He continued his work in the child-guidance centres of the City of Vienna, applying his new psychological insight to the familiar problems presented by parents and children. He continued to train social workers and child-guidance personnel, sharing his new knowledge with his students and taking them along with him in new experimental approaches. He began to take neurotic patients into analytic treatment, so as to acquaint himself thoroughly with the classical technique. He treated dissocial or semi-dissocial individuals, trying to adapt the analytic technique to their specific needs. As he expressed it in a later paper: 'The problem of research into delinquency cannot be solved by analysing delinquents in the usual manner, in order to gain insight into the genetic aspects of their disturbance. Dissociality, or delinquency, differs too basically from the known neurotic disorders to permit the application of the same therapeutic method. There are states of dissociality which are intermixed more or less with neurotic elements; we are experimenting still to find the right analytical technique for them. At the same time, there are other types of dissociality, constructed differently, which do not respond to any kind of analytic technique. For these reasons, attempts to analyse the delinquent may prove disappointing so far as both therapy and research are concerned. We have to look to a combination of intimate knowledge of the delinquent personality with thorough knowledge of psycho-analysis to increase our insight into delinquent states . . .'[1]

[1] *New Aspects of Delinquency*, 1948.

Aichhorn followed out his own prescription when he published his first book *Wayward Youth* in 1925. In a broadcast on the occasion of his seventieth birthday, he said about *Wayward Youth*: 'I built the book on the knowledge of the development of normal and abnormal human beings which I had acquired during my study of psycho-analysis. When I wrote it, I had no ambitious plans about laying down basic principles for the treatment of delinquency. I recorded merely what seemed well substantiated and natural to me at the time. The book did not create a great stir in Vienna and did not find many readers. It was the English translation only (published 1936) which made it known to wider circles of workers in child-guidance and delinquency. To-day, the book is read, and used as a text-book, not only in England and America, but in Sweden, Norway, Belgium, Holland and Hungary.'

Wayward Youth was planned on simple lines, designed to introduce the worker in delinquency to the basic principles of psycho-analysis, as well as to introduce psycho-analysts to the basic requirements of work with delinquents, thus building a lasting bridge between two fields of research and therapy which had been remote from each other until then. Starting out from what had become an essential truth for the author, 'that each dissocial manifestation is rooted in the unconscious', the book ranges over the main analytic findings of the times, concerning libido- and ego-development, the Œdipus- and castration-complex, the facts of transference and the rudiments of group-psychology. The importance of each factor for the causation of dissocial manifestations is substantiated carefully and illustrated richly and vividly by case-histories from all branches of Aichhorn's work, private practice, official child-guidance and institutional experience. But far from being an introduction to the subject-matter only, *Wayward Youth* contains already the whole range of problems which were to occupy the author's and his co-workers' attention during later years. Tentative assumptions and opinions expressed in it have since become the accepted attitudes of workers in delinquency. It was here that Aichhorn rejected for the first time the age-old choice between 'strict' and 'lenient' treatment of delinquents, branding it as an alternative without objective basis, rooted in the personal prejudices and subjective emotional attitudes of the workers in the field. In the place of moral or sentimental arguments, he put a careful investigation of the significance for the growing individual of strictness and leniency, punishment and reward, fear of the educator and love for him respectively: and described the consequences of these methods of upbringing for the individual's progress from dissocial to social attitudes (*loc. cit.*, Chapter IX). In *Wayward Youth* Aichhorn set out to prove that delinquency consisted fundamentally in a state of arrested—or regressed—personality development. This state might remain latent or—under the impact of further experiences—lead to overt dissocial actions, i.e. to manifest delinquency.[2] He pointed out (*loc. cit.*) 'that the symptoms of delinquency and the fundamental problem underlying delinquency are constantly confused'; . . . 'that truancy, vagrancy, stealing, etc. . . . are symptoms of delinquency, just as fever, inflammation and pain are symptoms of disease'; . . . that 'treatment which is limited to clearing up symptoms, does not necessarily cure the disease'; . . . that 'in the re-education of the delinquent . . . our task is to remove the cause rather than to eliminate manifest behaviour.'

It was this introduction of the concept of 'latent delinquency', as distinguished from the manifest delinquent action, which proved to be the beginning of a new era in the understanding, treatment and prevention of delinquency. To quote Aichhorn's own words: 'Manifest dissocial actions are fully determined as the result of emotionally charged mental processes . . .' 'When investigating manifest dissocial actions, we deal with dynamic processes, quantitative differences, displacements, condensations, the damming-up and the release of psychic energy' (*loc. cit.*, Chapter IV). Or 'Whoever works with the delinquent should work neither for the prosecution nor for the defence. It should be his sole aim to discover the causes which have created the state of delinquency, i.e. to understand the psychic state of which the delinquent action is merely a symptom and, further, to lay bare the interplay of forces which has created the abnormal state. . . .'

---

[2] See Friedlander, Kate (1949) "Latent Delinquency and Ego Development." K. R. Eissler ed.: *Searchlights on Delinquency*, New York and London.

In our times, when the importance of the infant's earliest object-relationships is emphasized by many authors, it is worth noting that Aichhorn, as early as 1925, considered disturbances and interruptions of the early parent-relationship as pathogenic factors responsible for creating delinquent states, partly through removing the incentives for giving up the pleasure-principle (*loc. cit.*, Chapter IX) partly through preventing the formation of strong identifications and, thereby, the formation of a socially directed super-ego. To use his own words: 'The formation of a normal, socially directed super-ego cannot take place if the nucleus of the super-ego which is derived from the first important love-object is weak or non-existent. Object-relationships and identifications require time to establish themselves. Take for example an illegitimate child or one who has lost his parents in infancy, or an unwanted child who wanders from one foster-home to another. Before he can form a real object-relationship or make a proper identification, he is already on his way to a new environment, to new people. The development of these mechanisms is thus continually interrupted and cannot be brought to completion' (*loc. cit.*, Chapter X). In accordance with these assumptions, Aichhorn considered 'the cure of delinquency in the last resort as a problem of re-distribution of libido, or, to put it in more general terms, of the object-relationship between the delinquent and his re-educator' (*loc. cit.*, Chapter VII). Consequently, he pointed to the transference, its establishment and its manifestation as the most important tool in the hands of the worker in delinquency. But while transference in the psycho-analytic treatment of neurotics is used for one purpose only, to repeat and reveal past experience, Aichhorn claimed that, in the treatment of delinquents, the transference has to be used for different purposes. In the transference-relationship the delinquent undergoes experiences which undo anomalies and make up for deficiencies in his early libidinal development. This makes it possible for him to complete the structure of his personality, which was arrested at a primitive level. To put it in the language of modern psychopathology: in Aichhorn's technique of child-guidance and delinquency-treatment, transference served the purpose of a 'corrective experience'.

Aichhorn pointed out that this technique has to be avoided to the degree in which the dissocial manifestations are intermixed with or overlaid by neurotic elements.

After retiring from public service to private practice in 1932, Aichhorn organized a Child-Guidance Service for the Vienna Psycho-Analytical Society and, in conjunction with it, a Seminar for Problems of Child-Guidance under the auspices of the Vienna Institute. Both institutions served the interest of members, candidates and guest-students from abroad and continued to function under Aichhorn's direction until the dissolution of the Society in 1938. Aichhorn's interest during this period was centred on the problem of analytic child-guidance and the teaching of child-guidance techniques. He chose his students carefully from experienced workers in child-analysis, child-care, and education and insisted that child-guidance could not be taught except on the basis of thorough practical work with children. 'Child-guidance is the most difficult speciality among all the various branches of educational work. It cannot be learned or taught only, it needs a basic experience with human beings which is acquired as the result of years of practical work in education' ('Child-Guidance,' 1932). His experience of these years led to a number of papers revolving around the same subject: 'Child-Guidance', 1932; 'Problems of the Seminar on Child-Guidance' 1933; 'The Technique of Child-Guidance' 1936; 'Introduction to Child-Guidance for Teachers,' 1937.

An advance in insight during these years of analytic guidance-work came from a series of cases of juvenile impostors in whom Aichhorn became deeply interested. This type of delinquent was known to defeat the efforts of all therapists by virtue of their inaccessibility, their lack of response, their 'negativistic, often hostile, insecure, irritable or superior' attitude, in short by their inability to establish a firm, lasting and workable transference-relationship. Even in cases where the beginning approach had seemed favourable, the patients would suddenly slip through the hands of the therapist, escape treatment, and continue their career of lying, swindling, or stealing, unchanged, merely adding the person of the therapist to the list of earlier victims. After handling a number of juvenile impostors in guidance-work and private treatment, Aichhorn showed in a paper on 'The Narcissistic Transference of the Impostor' (1936) that with this type of delinquent, as

with many others, it is not impossible to evoke a true emotional response which can be utilized for treatment. Owing to the peculiar narcissistic structure of his personality, the impostor is unable to form object-relationships; nevertheless he can become attached to the therapist through an overflow of narcissistic libido. But this narcissistic transference will set in only where the therapist is able to present to the impostor—or can pretend to present [3]—not an object of the outer world but a glorified replica of his own delinquent ego and ego-ideal.

Investigation of the narcissistic transference of the impostor, and other types of delinquents, and of the demand made by this relationship on the person and the behaviour of the therapist, led to a related problem, that of personal suitability or unsuitability for work with delinquents. Early in his own analysis Aichhorn had realized that he owed his interest in delinquency, and probably his therapeutic successes with young offenders, to an unstable phase in his own adolescence when he had narrowly missed becoming delinquent himself. Since then, the re-educator's double allegiance and identification, with society on the one hand and the world of the delinquent on the other, remained for him a fascinating problem. When discussing the role of the super-ego for social behaviour in *Wayward Youth*, he wrote: 'We cannot imagine a person without social orientation as a worker in delinquency.' But, in contrast, he wrote several years later: 'Whoever wants to work successfully with young delinquents, has to be capable of stepping out of his own secure position in the social community, to identify himself with the offender and thereby to become receptive and understanding for the intricacies of his character structure.' [4] 'Identification with the delinquent individual is not without its dangers for the social orientation of the therapist. Therefore, the phase of intuitive understanding has to be followed closely by a second phase of conscious and objective insight into the processes in the delinquent's mind, his projections, his libido-structure, etc. It is this objectivation of the relationship which gives the therapist command of the therapeutic situation' (*loc. cit.*). Unsuitability for the work he characterized as follows: 'People who cannot escape from their own super-ego demands and invariably remain identified with society, fail to win the confidence of the delinquent or to understand the working of his mind' (*loc. cit.*).

The problems of personal motivation for his choice of profession was taken up by Aichhorn once more, half-humorously, in a communication of 1948:[5]

> 'It intrigues me always when people say that my attitude to the delinquent is based on "love of mankind". I do not think so myself.
>
> Try for a moment to personify the concept of delinquency; as if "delinquency" were a powerful figure to whom certain children and adolescents become attached.
>
> I feel this attachment as a challenge. I want these children and adolescents to become attached to me instead. Not that I care about their adaptation to society at this stage. My aims are purely selfish. I want the delinquent for myself. I do not fight him. I regard him as my prize to be won in the battle with delinquency.
>
> I do not use force but cunning. I tempt the delinquent until he becomes as dependent on me for the fulfilment of his emotional needs as children normally are on their parents.
>
> To accomplish this, I have to step out of my own social attitudes and to identify myself with the delinquent. It is this identification with him which teaches me to understand his needs intuitively. After this has happened, I resume my rational self and try to see him objectively.
>
> I use my identification with him, and his ensuing identification with me, to lead him through emotional experiences which make up for deficiencies in libidinal development, in ego- or in super-ego-structure. The stronger his attachment to me and his identification with me, the more he loosens his hold on "delinquency" and incidentally becomes social. That is the point where I lose interest in him and turn to the next individual.
>
> (This strikes me as an excellent method for building up a criminal gang for myself—if my inclinations went that way.)'

The emigration of 1938 deprived Aichhorn

---

[3] See also Hoffer, Willie (1949) "Deceiving the Deceiver," in K. R. Eissler, ed.: *Searchlights on Delinquency*, New York and London.

[4] *New Aspects of Delinquency*, 1948.

[5] Unpublished.

of his friends, pupils, and analytic colleagues. He remained in Vienna and retreated to solitude and obscurity. While first one of his sons was taken to a concentration-camp, and later both were called up for army service and wounded, he worked quietly and unobtrusively, analysing a number of young psychiatrists in preparation for the future. Immediately after the ending of the war and the overthrow of the Nazi regime, he took the necessary legal steps for the re-opening of the Vienna Psycho-Analytical Society and Institute—which he effected actually as early as February, 1946.

In July, 1948, Aichhorn celebrated his seventieth birthday, the President of the Austrian Republic marking the celebration by conferring on him the title of professor. His friends in the International Psycho-Analytic Association commemorated the occasion by contributing to an impressive volume of essays, *Searchlights on Delinquency*. This volume was dedicated to Aichhorn in grateful acknowledgment of the inspiration and stimulation which his pioneering work has given, and will give, to so many.

Anna Freud.

BIBLIOGRAPHY

1918 ' Nochmals zum Fuersorgeerziehungsgesetz ', *Z. f. Kinderschutz u. Jugendfürsorge*, Vienna.

1922 ' Lehrlingserholung im Erziehungsamt fuer Dissoziale ', *Blätter f. d. Wohlfahrtswesen*, Vienna.

1925 ' Vom schlimmen Kinde ', *Z. f. d. Kindergarten*, Vienna.

1925 *Verwahrloste Jugend.* Mit einem Geleitwort von Professor Dr. Sigmund Freud. Int. Psychoanalytischer Verlag, Vienna.

1926 ' Zum Verwahrlosten-Problem ', *Z. f. psychoanalytische Paedagogik*.

1926 ' Gibt es eine untere Grenze fuer Schwererziehbare? ', *Blätter f. d. Wohlfahrtsamt*, Vienna.

1926 ' Psychoanalytisches Verstaendnis und Erziehung Dissozialer ', *Das Psychoanalytische Volksbuch*, herausgegeb. von Paul Federn und Heinrich Meng, Hyppokrates Verlag, Stuttgart–Berlin.

1930 ' The Juvenile Court: Is it a Solution? ', *Rev. Int. de l'enfant*, Geneva.

1930 *Verwahrloste Jugend*, Second Edition. Internationaler Psychoanalytischer Verlag, Vienna.

1931 ' Lohn oder Strafe als Erziehungsmittel ', *Z. f. psychoanal. Paedagogik*, Vienna.

1931 ' Besprechung: Der Kindergarten der Frau Dr. Messine ', *Freie Stimmen*, Klagenfurt.

1932 ' Erziehungsberatung ', *Z. f. psychoanal. Paedagogik*, Vienna.

1933 ' Erziehungsberatungs-Seminar ', *Z. f. psychoanal. Paedagogik*, Vienna.

1934 ' Kann der Jugendliche straffaellig werden? Ist das Jugendgericht eine Loesung? ', *Z. f. psychoanal. Paedagogik*, Vienna.

1934 ' Psychoanalyse und Erziehung ', *Wiener Mittagszeitung*, October 16, Vienna.

1935 *Wayward Youth*, Viking Press, New York.

1936 ' Zur Technik der Erziehungsberatung. Die Übertragung ', *Z. f. psychoanal Paedagogik*, Vienna.

1936–38 ' Erziehungsberatung ' *Handwörterbuch der Psychoanalyse*, ed. Richard Sterba, M.D. Internationaler Psychoanalytischer Verlag, Vienna.

1946 ' Sigmund Freud ', *Grosse Oesterreicher*, Gallus Verlag, Vienna.

1946 Die Wiener Psychoanalytische Vereinigung ', *Wort und Tat*, Vienna.

Dr. ADOLF MEYER: 1866–1950

With the death of Dr. Adolf Meyer on March 17, 1950 there passed from the scene one of the most influential figures in American psychiatry of the first half of this century. As a leader of his peers and as an ideal for two generations of medical students, Dr. Meyer's career has left a deep imprint on neuropathology, clinical practice and the sociological aspects of psychiatry. This quiet, shy, almost aloof little man with the deep brown eyes induced in patients a feeling of sincerity, understanding and interest which gave them an immediate sense of confidence, comfort and encouragement.

Dr. Meyer, son of a Swiss pastor, received his medical degree at Zürich, and was influenced as a student by von Monakow in neuropathology and by Forel in clinical psychiatry. Thereafter he went abroad for post-graduate study and found himself attracted by Hughlings Jackson's dynamic thinking on the interaction of the mind and the brain.

After settling in America in 1892, first at the Kankakee, Illinois, State Hospital and later at the Worcester State Hospital, Meyer strove to combine biological findings with psychological data in elucidating psychopathology. Thus when Freud's theories began to spread from Zürich to America Meyer was ready to examine

them, and in 1906 wrote, ' Freud has opened the eyes of the physician to an extension of human biology which differs very favourably from the sensational curiosity shop of the literature on perversions.'

No doubt other tributes to Dr. Meyer will record his achievements in many fields of psychiatric endeavour, so that in this journal we may dwell on his special role in psycho-analysis. Early convinced of the need for having ' all the facts ' in the patient's life, he appreciated the value of psycho-analytic technique in attaining those facts and the depth to which Freudian investigation penetrated. During these initial days Meyer was Director of the New York State Pathological Institute at Manhattan State Hospital and Professor of Psychiatry at Cornell Medical School. As early as 1908 at Manhattan State Hospital he insisted that no case of so-called functional mental disorder be considered ready for diagnosis unless some attempt, no matter how inadequate, had been made to interpret the specific symptoms and general picture in terms of psycho-analytic theory.

Because of this demand by Meyer a number of psychiatrists on the staff at Manhattan State Hospital had become sufficiently well acquainted with psycho-analysis to form the nucleus of the New York Psychoanalytic Society which Dr. A. A. Brill organized in February, 1911. So, too, when the American Psychoanalytic Association was formed in May, 1911, to provide a meeting-place for physicians interested in psycho-analysis residing outside New York, Meyer, at that time Professor of Psychiatry at Johns Hopkins, along with James J. Putnam, Professor of Neurology at Harvard, became a charter member. The endorsement of psycho-analysis by these men holding distinguished positions in the medical world immediately removed psycho-analysis out of the field of fanciful speculation into that of scientific investigation.

Meyer never completely endorsed Freud—it was not in his philosophy to think in terms of schools or to follow set procedures. His need for tolerance, which at times approached indecision, caused him to consider and test almost every one of the many theories of therapy which were presented during his long activity as a clinician. But he never lost interest in psycho-analysis; he was a regular attendant at the annual meetings, listening closely to the papers and participating in the discussion, and remained a member of psycho-analytical associations until his death.

In 1920, after the first world war, when anti-German feeling ran high in America, a group sought to dissolve the American Psycho-analytic Association. Then Dr. Meyer made a simple statement which epitomized his position —' I think that the contributions which psycho-analysis has made to psychiatry are sufficiently important for there to be a special association in this country to guide its destinies.' The weight of his opinion sufficed to preserve the Association. Throughout his life Adolf Meyer supported fully the investigative trends in psycho-analysis, and, although he could never entirely approve it therapeutically, through a benevolent neutrality and sustained permissiveness he encouraged where men of less vision condemned and throttled it.

C. P. Oberndorf

THE 17th CONGRESS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION will take place in Amsterdam in the Royal Institute for the Tropics from August 5 to August 9 (incl.), 1951.

Provisional Programme:

Sunday, August 5. Afternoon: Registration in the Royal Institute for the Tropics. Distribution of Congress papers. Evening: Reception by the Dutch Ps.-An. Society.

Monday, August 6. Morning: Opening Session. Symposium on *Mutual Influences in the Development of Ego and Id.* Afternoon: 3 or 4 simultaneous sessions on various subjects. Evening: Reception by the Municipal Council of Amsterdam.

Tuesday, August 7. Morning: General Session. Symposium on *Re-evaluation of the Role of the Œdipus Complex.* Afternoon: Sessions on various subjects.

Wednesday, August 8. Morning: General Session. Reports by the Committee on Research. Afternoon: Sessions on various subjects. Evening: Final dinner of all Congress members.

Thursday, August 9. Morning: Business Meeting. Afternoon: Excursion.

As soon as all particulars are available a definite programme will be sent to the members who have registered for the Congress and to the Branch Secretariates. Registration forms will shortly be sent to all members. Members who may not have received these forms by February 15 are requested to apply for them at their Branch Secretariates.

BOOK REVIEWS

The Life and Works of Edgar Allan Poe. A Psycho-Analytic Interpretation. By Marie Bonaparte. Foreword by Sigm. Freud. Translated by John Rodker. (London, 1949: Imago Publishing Co. Pp. 749. 35*s*.)

This study, originally published in 1933 in a French edition, has now been made available to the English-speaking world. The translation by Mr. Rodker is, on the whole, admirably lucid and elegant. There is a brief, austere foreword by Freud in which he refers to Marie Bonaparte as ' my friend and pupil '. ' Thanks to her interpretative effort ', he continues, ' we now realize how many of the characteristics of Poe's works were conditioned by his personality, and can see how that personality derived from intense emotional fixations and painful infantile experiences. Investigations such as this do not claim to explain creative genius, but they do reveal the factors which awaken it and the sort of subject matter it is destined to choose.'

It is difficult within the limits of a review to illustrate the scope and depth of this massive achievement in applied psycho-analysis. Some indication of the reading and research which have contributed to it is given by the index of books, publications and proper names which extends to twenty-four pages in double column! Freud's numerous reflections upon the processes of artistic creation, scattered throughout his writings, are recollected by Marie Bonaparte in this study, and considered in relation to the works of a single writer of genius. The relevant contributions of other psycho-analysts, in particular those of Jones, Rank and Ferenczi, are discussed with reference to Poe's development and to the inner personal significance of his poems and stories. Many problems are elucidated by material drawn from the author's clinical experience.

Marie Bonaparte has, however, brought to her task even more than an impressive body of psycho-analytic knowledge and first-hand analytical experience. She has made a thorough but discriminating use of the large collection of biographical and critical literature on Poe. She is widely read both in those writers who influenced Poe and in those whom he influenced. Though she is chiefly interested in the content, and particularly the latent content of Poe's writings, she often shows a keen æsthetic responsiveness.

She has, in fact, all the qualifications needed by the psycho-analytic literary biographer. Though the leisurely expansive style of her study and the individual range of interests it displays proclaim the author's personality, the influence of her teacher is everywhere apparent. It is not only when she quotes Freud or gratefully acknowledges his help with certain difficult points that the reader is aware of his presence. Indeed Marie Bonaparte's great debt to Freud contributes much to the interest and value of her book. Her study of Poe is not only the most detailed and scholarly psycho-analytic interpretation of a creative artist which has so far appeared; it is also the most authoritative.

The study is divided into four books, of which the first (pages 1–206) deals very fully with Poe's life history and his more important poems, which are discussed in relation to his childhood experience and to the later events which evoked them.

He was born in Boston in January 1809, the second son of a couple of stage folk. His father, David Poe, appears to have been consumptive and was certainly a heavy drinker. His mother, Elizabeth Arnold, undoubtedly suffered from tuberculosis. David Poe disappears from the story in July 1810 and is presumed to have died soon afterwards. In December 1810 Poe's sister Rosalie was born; doubt was cast upon her legitimacy during Poe's lifetime, and Marie Bonaparte, in the light of circumstantial evidence and her analysis of Poe's fantasies, considers it justifiable.

The decisive event of Poe's life was the death of his mother, which occurred when he was barely three years old. The little family had to endure extreme poverty during Mrs. Poe's last illness, and lived together in one small room, where the children must have witnessed her slow death from consumption. Poe's emotional fixation to his dying mother is demonstrated again and again in his history and in his writings. It is the central fact of his psychic life.

> ' I could not love except where Death
> Was mingling his with Beauty's breath '

. . . he was later to write, and he affirmed that ' the most poetical topic in the world ' was the death of a beautiful woman. His own wife (though she was probably his wife only in a legal sense) was fated to die of tuberculosis, and his stories are full of lovely heroines stricken with mysterious diseases who die horrible deaths and are sometimes magically recalled to life.

After this early tragedy Edgar, separated from his sister, was adopted by a Scotsman who had settled in America and had become a fairly prosperous merchant. John Allan seems to have been reluctant to adopt the boy, and to have taken the decision under pressure from his wife, Frances.

The couple was childless, but the husband had at least two illegitimate children to provide for. Frances Allan was an affectionate foster-mother to Edgar, but John Allan seems never to have overcome his hostility to him, and the relationship between Poe and his foster-father was later a stormy one. During his boyhood John Allan brought Edgar up strictly and did not spare the rod.

Poe was educated partly in England and Scotland, but chiefly in his native America. He was one of the earliest students at Virginia University, to which he went in 1826. His career there was cut short, for his foster-father made him a miserably inadequate allowance, he had been disappointed in an adolescent love affair, he suffered from depression, took to drink, started gambling and incurred debts which John Allan refused to pay.

After further quarrels with his foster-father Poe left home, and enlisted in the Army as a private under the name of Edgar A. Perry. He was surprisingly successful in this stage of his military career and rose to the rank of Regimental Sergeant-Major. At the same time he was writing poetry, some of which has since become famous.

His foster-mother died in 1829, and this event led to a partial reconciliation between Poe and John Allan, as a result of which he entered West Point as a cadet. Again he was kept wretchedly short of money. He did not want a military career, having decided to devote himself to literature, but he wished to remain on good terms with his foster-father and to inherit some of his wealth. But this was not to be; the wealthy merchant remarried, there were further disputes over money, and Poe, by neglecting his duties and studies, got himself court-martialled and dismissed from West Point in 1831.

Only once again did Poe approach John Allan for financial help. For the rest of his life (he died in 1849) he was to earn a precarious living by editorial work, by selling poems and stories, by general journalism and by lecturing. He never achieved economic security and was often assisted by charitable friends. He went through periods of gruelling poverty.

That this poverty was partly determined by the demands of his psyche was dramatically illustrated in 1843 when, already famous, Poe was to lecture in Washington and attend upon the President at the White House. Had the plan succeeded Poe might have obtained a government post, and would probably have gained support for a literary journal, which was his dearest ambition. He ruined his chances, however, through a drinking bout on his arrival in Washington.

Nevertheless, the part played by social and economic factors in shaping Poe's work, though recognized by Marie Bonaparte, is somewhat understressed by her. Economic necessity was to some extent responsible for Poe's small output of poetry and his concentration upon prose. It also led him to exploit the possibilities of the short story, which could easily be placed in the magazines that had already become very popular in America. His influential æsthetic doctrine of Unity of Effect arose out of his own practice as a writer of short pieces, and this resulted in part from his efforts to make a living as a journalist in the difficult conditions of his day.

After his break with John Allan in the early eighteen-thirties, Poe went to live with his father's sister Maria Clemm. In her he at last found a protective mother who was to love him and care for him till his death. His affectionate nickname for her was 'Muddy'; he was always deeply grateful and devoted to her, and would probably have led an even more penurious and unhappy life had it not been for her. Baudelaire, himself longing for a mother's love, dedicated his translation of the tales (*Histoires Extraordinaires* 1854) to Mrs. Clemm. In his useful introduction to *The Centenary Poe* (Bodley Head, 1949) Mr. Montague Slater depicts Mrs. Clemm as a kind of maternal ogre; 'Her possessiveness had an animal ferocity: she was a jealous goddess and in her way she destroyed him'—a view which cannot possibly be maintained in the light of Marie Bonaparte's analysis of this relationship.

It is, however, extraordinary that when Edgar at the age of twenty-five was seized with the idea of marrying Mrs. Clemm's daughter, his cousin Virginia, who was only thirteen, her mother apparently showed little opposition. They were, in fact, married in that year. It is almost certain that the marriage was never consummated, and that Poe's love for Virginia, whom he used to call 'Sis' or 'Sissy', resembled that of a brother rather than that of a normal husband. By marrying Virginia, he was in a way restoring the situation which had existed before his mother's death.

In considering Poe's relations with women, Marie Bonaparte comes to the conclusion that Poe was always impotent. This impotence was of psychic origin and derived from his unconscious fixation to the dead mother, but was later reinforced by his addiction to opium. Both before he married Virginia and after her death, Poe was attracted by women who responded to him and whom he consciously intended to marry. However, on more than one occasion he destroyed the growing relationship through his drunkenness.

The author's comments upon the functions of opium and alcohol in Poe's life are of especial interest. With reference to opium, she writes: 'It intensely evoked the object on which his grim desires were fixated while depriving him of power to unleash his dire instincts, for his love object remained imaginary while he, the subject, continued impotent and inert before it' . . . 'Drink, for Poe, seems to have served a different end than that served by opium. Whereas the main mission of the latter, while helping him to stay chaste, was to open a

way by which to return to the dead woman, imago of the loved mother, drink helped him to sustain the same gruesome fidelity in a different manner. In effect, whenever Poe was tempted by living women, drink cleared the way for " flight " and kept him faithful to the dead mother.'

When, in 1842, his young wife Virginia had her first hæmoptysis, Poe's unconscious desire for the dead mother was reactivated because Virginia now approximated more closely than ever to his erotic ideal. The conflicts which her illness stirred up in him are reflected in many of the works which he wrote during the rest of his life. Virginia died in 1847, and her husband survived her by only a couple of years. He tried desperately to bind himself to another love object but never succeeded. Meanwhile alcohol and opium had left their mark. Poor Poe became subject to paranoid delusions. In 1848 he attempted unsuccessfully to poison himself, and he died in 1849, almost certainly after a final drinking bout.

The role of imaginative creation in Poe's psychic life is summarized by the author in the following passage:

' Virginia, opium, the " fugues ", drink, were thus so many weapons Poe used to combat the intolerable depressions to which his manic-depressive constitution, his crushing sense of bereavement and his constant struggle with his repressed and fearful sexuality condemned him. Yet had these been his only weapons, the darkness that shadowed the end of his life would doubtless have fallen sooner and posterity would never have known his name.

' For Poe had another " drug " at his call, to keep his strange, unstable, hag-ridden nature from ending in madness or crime. This was the ink, with which he eternalized on paper, in his fine careful hand, the fearsome but comforting " imagos" which at times gave him respite from grief. It is because he achieved, as none before or after, this feat of sublimating in artistic form our soul's darkest and most horrible aspects, its sado-necrophilist urges, that Poe's name, whether unjustly reviled or overpraised by his critics, in its way, remains immortal.'

Book II (pages 213–485) is entitled ' Tales of the Mother '. It is divided into sections, in the first of which the author analyses a number of tales such as *Ligeia* and *The Fall of the House of Usher*, in which Poe's fixation to the dead mother is symbolically represented. She shows clearly how he was doomed to repeat this theme both in his attempts at love and in his creative work.

She then deals with a group of tales which she heads ' The Mother as Landscape '. The most impressive piece of analysis here is that of *The Narrative of Arthur Gordon Pym*, an account of an imaginary voyage to the South Pole. This is seen as the unconscious representation of a search for the mother in which the sea, the snow and the strange new lands discovered symbolize various aspects of her body. *Loss of Breath* is considered next under the heading ' The Confession of Impotence '. Poe was restating a universal theme when he unwittingly equated breath with potency in this macabre fantasy of multiple castration. Marie Bonaparte's treatment of this subject takes her far into the fields of myth and folklore.

The last part of Book II is called ' Tales of the Murdered Mother '. These have their unconscious roots in an anal-sadistic conception of sexual intercourse. The mother's death is fantasied as resulting from a sadistic sexual attack by a brutal male. The internal evidence strongly suggests that memories of the primal scene were active in the production of these stories.

Every reader of detective stories (and is there anyone who is not?) will be fascinated by the author's treatment of *The Murders in the Rue Morgue*, the prototype of so many later accounts of brilliant amateurs solving crimes which have baffled the police. It is here that Auguste Dupin, who served as the model for Sherlock Holmes, makes his appearance. In a locked room, the mutilated body of a young girl is discovered, thrust feet upwards in the chimney; the mother's body is found lying in the yard outside with the head nearly severed. Dupin, by careful observation and clever reasoning, discovers the criminal—a fierce orang-outang belonging to a sailor whose razor it had stolen! According to Marie Bonaparte's analysis the orang-outang represents the brutal male, the murder is the sexual attack upon the mother with the razor symbolizing the phallus, the mother's severed head indicates her castration, while the daughter head downwards in the chimney is the child implanted in the maternal cloaca. The whole story is probably related to memories or fantasies of the events which led to the birth of Poe's sister Rosalie. The sailor who witnesses the crime in the story is the infant Edgar observing the primal scene, while Dupin and his friend the narrator both embody aspects of the adult Poe who can analyse and understand such terrifying mysteries.

The author calls our attention to an observation of Freud's on the subject of detective stories: ' In all, as (he) first pointed out to me, the unconscious roots of their interest, for us, lie in the fact that the trail the detective follows repeats, though transferred to other activities, the infant's original sexual investigations.'

The analysis of *The Black Cat* which follows is full of surprises. Who, before Freud's researches, would have noticed the similarity between the cat hanged by the perverse narrator and the hanged Jocasta in the Œdipus drama?

Book III (pages 491–636) is given the title, ' Tales of the Father '. The first group is classed as ' Tales of Revolt Against the Father ' in which Poe's struggles with John Allan, fused with his Œdipus complex, are indirectly revealed. A par-

ticularly interesting example is the mock-moral tale *Never Bet the Devil Your Head.* Poe was trying to be funny here, but since the latent content of his sketch involves the castration which the father may impose upon his sexual rival the son, it is not surprising that the joke fails.

The author now proceeds to consider 'The Struggle with Conscience' and analyses *William Wilson,* a version of the ancient Doppelgänger theme. Here the internalized parents, and particularly the father, are projected in the form of a double who always arrives in time to frustrate the wicked narrator in his evil designs.

'Tales of Passivity to the Father' form the subject matter of the next section. The chief characters of these works are all shown in a passive relation to father figures, helpless, submissive and dependent. That horrible fantasy of the victim awaiting his death in the contracting prison cell, *The Pit and the Pendulum,* is brilliantly analysed here.

'Nowhere', writes Marie Bonaparte, 'does the son appear so defenceless, so masochistically delivered up to the father, as in this pendulum torture in the Inquisition cell. Here is the son garrotted, swaddled like a new-born babe, lying on his low wood cradle. Around are the walls of his cell, substituting the womb of his mother. Above, triumphant, is Father Time, with his pendulum scythe.'

The last of Poe's works to be analysed is his long ambitious cosmic speculation *Eureka.* Poe wrote this late in life when in a hypomanic phase of his illness, and did not hesitate to rank himself above the greatest scientists and philosophers of all time. It is a pretentious jumble of physics and metaphysics, lit with flashes of genius. In fairness to Poe it should be remembered that he regarded this work as a poem. Marie Bonaparte convincingly demonstrates that, even in this excursion into philosophy, Poe was expressing his unconscious complexes as he theorized about Creation, Man and God. 'For the son is not merely the virile rebel of the Œdipus complex; he is equally attached and submissive to the father through the homosexual forces of love.

'The manner in which Poe conceives the return to God in *Eureka* combines these two attitudes. The Universe-Son loses himself in God in a sort of father womb-phantasy and yet, by the same means, the Œdipal son, triumphant though annihilated, is regenerated and himself becomes the Father, God.'

Book IV (pages 639–695), 'Poe and the Human Soul', consists of two long essays of which the first is called 'Literature: Its Function and Elaboration'. The author points out that in contrast to the relatively impersonal works of a Maupassant or a Zola, Poe's writings are intensely subjective and 'not only resemble the dreams in the fashion they are elaborated, but often reproduce the shape and construction of our nightmares'. He is thus a particularly suitable writer for psycho-analytic study. An earlier passage (page 311) is relevant to this point.

'Admittedly, we cannot hope for the precision of an analysis supported by the patient's associations as they arise in the course of a psycho-analysis. The absence of these vital associations must make itself felt and much, as a result, must ever remain obscure.

'Our analyses of living patients, however, have in fact enabled us to unravel some of the laws that govern the unconscious, and decipher certain of the psyche's hieroglyphs, and it is these which justify us in applying our conclusions from the living to the dead. For the dead once lived and were subject to similar psychic and physical laws as ourselves, their successors; thus the symbols we employ were also theirs, as, for instance, those which derive from the sea. Further, what we know of a man's life throws light on his work and, as we saw, our knowledge of Poe's life is fairly complete. We may justifiably, therefore, seek to interpret Poe's opus in the light of information drawn from psycho-analysis.'

This essay on Literature is chiefly devoted to technical and theoretical problems. The author shows how most of the mechanisms employed in the creation of dreams are also used in imaginative writing, the difference being mainly one of degree.

The final chapter, 'Poe's Message to Others', includes a short but penetrating psycho-analytical study of Baudelaire, who devoted so much time and labour to translating Poe's *Tales* into French. It was originally through Baudelaire's efforts that Poe's work became so influential in France, where he has always been widely and highly esteemed in literary circles. Marie Bonaparte explains how the sympathy which Baudelaire felt for his brother poet was based upon psychological trends, similar to Poe's, existing within himself. Baudelaire was also emotionally fixated to his mother and the victim of his Œdipus complex; though not impotent, he never succeeded in combining the spiritual with the physical aspects of love and was potent only with women whom he felt to be degraded. The sadism which Poe expresses indirectly in his horrific tales is openly vented by Baudelaire in *Les Fleurs du Mal.*

It is hoped that the above outline of the book's contents has given the reader some idea of its richness and breadth. Even its most enthusiastic admirers, however, will probably think it is too long. The quotations from Poe's works are so ample and frequent that lack of familiarity with his writings is no obstacle to understanding the study; yet some of these extracts could have been omitted with advantage, the drearier passages from *Eureka,* for instance. Moreover, in order to demonstrate the repetition-compulsion which governed Poe's life, the author has pursued it with greater thoroughness than her argument requires.

In view of the great influence Poe's æsthetic theories have had, especially in France, a detailed discussion of these from a psycho-analytic point of view would have been valuable. Little consideration is given to the formal qualities of Poe's work, and it is surprising that his choice of literature as a medium is not explicitly analysed. But these are minor criticisms. As a study of the growth of a poet's mind *The Life and Works of Edgar Allan Poe* is a most convincing and impressive book.

Victor Kanter.

The Concept of Mind. By Gilbert Ryle. (London: Hutchinson's University Library, 1949. Pp. 334. 12*s.* 6*d.*)

The Emotions: Outline of a Theory. By Jean-Paul Sartre. (New York: Philosophical Library, 1948. Pp. 97. $2.75.)

Professor Ryle's *The Concept of Mind* is a book of major importance. It is written by a philosopher for philosophers, but its importance should extend outside the field of academic reflection. It is finely written and makes use, I think, of only one technical term (' category '). Nevertheless, it has to be given close reading, and the point of the book may easily escape a reader who has little knowledge of contemporary philosophy. It requires and merits reading twice. Although it is in general reprehensible to recommend anyone to omit reading certain parts of an important work, an exception should be made here; better that specialists, whose time for reading outside their main field is limited, should read some of this book than none. Psychoanalysts may find themselves rewarded by reading carefully Chapters I, IV and VI more than by a hasty reading of the whole (if this review were appearing in a journal of general psychology I would suggest Chapters I, III and IX as a minimum). An understanding of later chapters does not presuppose a knowledge of earlier ones; the mode of attack on a problem is one of the most important features of the book, and this is constant throughout; also the chief conclusion appears in every chapter, worked through in different material. A summary of the book would be about as lifeless as a summary of a case-history.

Large numbers of philosophers of England, Austria, and the United States have been developing logical analysis and logical positivism for more than a quarter of a century. Professor Ryle, who is one of them, carries out a programme in detail from this angle instead of being content merely to plan one or to confine himself to doctrinal excesses. His work compels comparison with those of the classical empiricists: it differs from Locke's in not offering reconstructions of the mind and from Berkeley's in not being speculative; it is most like Hume's *Treatise.* And, like that classic, it may well round off a period and mode of philosophical thought; whether it will also instigate a new one cannot be foreseen. Like Hume's *Treatise* it is likely to be widely misunderstood.

Like Hume, Professor Ryle may appear to be wholly negative—which would be a misunderstanding of both. He wishes to explode a myth that has pervaded most philosophical thought—which, though he does not discuss the point, also pervades the unexpressed attitude of the ordinary person. This myth, for which he regards Descartes as primarily responsible, presumably because Descartes gave it a striking and influential form, he calls the dogma of the " ghost in the machine ". He is concerned to show that there is no such thing as a ' mind ' that has taken a life-long lease of a head as a residence. He brings out with assiduity that philosophers' assertions about emotion, will, intellect, imagination, and so on are based upon this myth.

The dualistic myth is that while human bodies occupy space, obey mechanical laws, and are public, human minds are non-spatial, do not obey mechanical laws, and are private. Thus the mind wills, the body executes. The philosopher at once becomes confronted with the paradox that " only our bodies can meet " (p. 15) and that there is no reason to believe that there are other minds than his own. He has ' privileged access ' to his own mind and no access at all to other minds. In order to produce a *reductio ad absurdum*, the book is largely a development of this paradox, or perhaps an encyclopædia of such paradoxes. To explain the myth Ryle remarks:

> The combination of the two assumptions that theorizing is the primary activity of minds and that theorizing is intrinsically a private, silent or internal operation remains one of the main supports of the dogma of the ghost in the machine. People tend to identify their minds with the ' place ' where they conduct their secret thoughts (p. 27).

He wishes to show, however, that there are no occult episodes: that understanding a player's chess-moves is not an inference from visible moves to unwitnessable operations on an internal chess-board (p. 52). It is possible to make an inference from signals to operations in a signal-box, but not from a man's external actions to internal actions on an invisible stage. If the myth were true, no one would understand what anyone else has ever said or done. On the contrary, he holds that the styles and procedures of people's activities *are* the way their minds work (p. 58).

> I discover that there are other minds in understanding what other people say and do. In making sense of what you say, . . . I am not inferring to the workings of your mind, I am following them (pp. 60–1).

Likewise emotions in the sense of inclinations or moods—excluding emotions in the sense of ' agitations ', feelings, or ' pangs '—are propensities, not acts, and hence neither public nor private.

> The way in which a person discovers his own long-term motives is the same as the way in which he discovers those of others (p. 90).

In general the question, according to Ryle, is not how I discover that you have a mind but how I discover that I am more selfish than you or can do long division better. All this can be settled—we know how to get the answer, though it is difficult and long to describe the varieties of tests (pp. 169–70). Interesting to psycho-analysts will be the view:

> it will have to be allowed that some elements in mental processes are not themselves things we can be conscious of, namely those elements which constitute the supposed outermost self-intimations of mental processes; and then ' conscious ' could no longer be retained as part of the definition of " mental " (p. 163);

and also the view that we learn about a person not by becoming acquainted with his ' mind ' but by the disclosures of his ' unstudied talk ' (pp. 181–5). Perhaps this is hardly surprising from a philosopher who, though he does not discuss psycho-analysis or ' the unconscious ', regards Freud as psychology's one man of genius (p. 324).

To summarize the position: The ' mind ' is in a certain sense a myth. When a visitor to Oxford, as Ryle puts it (p. 16), has seen all the Colleges and asks where is the University, he is making the mistake of regarding the University as something *additional* to the Colleges, whereas he has seen the University in *seeing* the Colleges. Likewise there is no ' mind ' over and above behaving selfishly, working hard at physics, being grieved, and so on. To put the point another way: classical philosophers wrongly tried to explain " people think " by " there are minds "; we may say that " there are minds " is either a jargon equivalent of " people think " or a poor hypothesis to explain it. Of course, when the point is brought out, one's immediate reaction is to say that one does not believe in such a ' mind '. But the importance of the exposure is that most of us do, without realizing it, and that we imply it in more subtle ways than we suspect when we theorize about the ' mind '. Ask anyone where he locates his mind. Most people say in their heads, though some psychotics locate it outside their skins altogether.

Ryle's approach should be valuable to those who are interested in the parallel attempt on the part of some psycho-analysts to dispense with the ' mind '. This was initiated in a celebrated passage by Jones,[1] developed by Scott,[2] and illustrated by Winnicott.[3] Ryle of course is concerned mainly to show that the ' mind ' is an illusion; he is not concerned, as psycho-analysts would be, with the genetic explanation of the belief in the ghost in the head.

All this leads naturally to the concept of a ' person ' or ' self ', which in my opinion should be a fundamental concept in psychological theory (Ryle gives a hint that he also takes this view (p. 168) but he does not pursue it). If I go for a walk, it is my self or my person that takes a walk; not my mind, nor even my body—nor, as Ryle might say, is it my body taking a walk steered by my mind. Again, proper names, personal pronouns, and some descriptions denote neither minds nor bodies but persons. Thus the natural unit, the person, is not divisible into mind plus body. And, on the other hand, a person can bear attributes that are both mental and physical: a person can be tall or short; a person can be obstinate or docile.

This leads me to draw attention to another myth, which does not seem to have been noticed in the literature of either philosophy or psycho-analysis—the myth that there are ' bodies '. Ryle has devoted his work to exposing the myth that there are ' minds '. But it seems to me equally important—and it might add clarity to his aims—to make the complementary exposure about ' bodies '. The word " body " is rarely used in ordinary speech in a sense contrasted with that of " mind ". Such a use appears, for instance, in " his body is decrepit but his mind is as alert as ever ", which may seem to imply that someone owns both a ' mind ' and a ' body '. But what we wish to say is only some such assertion as that he walks in a somewhat tottery way but his remarks are very penetrating. Thus the mode of walking and the mode of commenting are both attributed to a person, and there is no more need to refer to a ' body ' than to a ' mind '. Besides, the dichotomy is gravely misleading; for to say that his body is decrepit is to deny that there is anything mental in controlling the use of the legs.

This is not, of course, to deny that the concept of ' body ' is useful in physiology, biochemistry, and pathology. But in these sciences it is a technical concept, an abstraction. It affords a model that has been fruitful in connection with infectious diseases. There are indications, however, that it will not serve for functional disorders. This point cannot be elaborated here, but, if enough has been said to make it plausible to regard the ' body ' as a myth, then one important consequence is that we have part at least of the answer to the question, " What is the relation between mind and body? " There is no relation because there is no ' mind ' and because there is no ' body '. The dualism of ' mind ' and ' body ' is, to adopt Whitehead's concept, a ' bifurcation ' of *person*.

The foregoing makes it a simple matter to clarify the issue of behaviourism. Ryle is almost certain to be interpreted as a behaviourist of a classical type. He is in a sense a behaviourist, but it is important to see that his view is quite different from the Pavlov-Watson doctrine (which the early logical

---

[1] Jones, Ernest (1946) ' A Valedictory Address ', *Int. J. Psycho-Anal.*, **27**, London, p. 12.

[2] Scott, W. C. M. (1948) ' Some Embryological Neurological, Psychiatric and Psycho-Analytic Implications of the Body Scheme ', *Int. J. Psycho-Anal.*, **29**, p. 141.

[3] Winnicott, D. W., Communication to the British Psychological Society (Medical Section), December 14, 1949.

positivists seem to have accepted). That doctrine asserted that behaviour was completely described by such occurrences as flow of saliva, muscular movements, and so on—there was no mind, only body. The doctrine, we can now see, was correct in that there are no minds in the sense in which the doctrine was denying them. But it was incorrect in concluding that bodies are the only things left. In fact, there are no ' bodies ' either in the sense in which behaviourists used the word, with the doubtful exception of bodies for a short time after death. I would call this doctrine " Body-behaviourism " or " Physiologism ". Ryle's view, on the other hand, might be called " Person-behaviourism ". He would interpret " He is angry " by the personal behaviour of, say, frowning, petulant remarks, and so on. The body-behaviourist cannot speak of ' petulant ' remarks but only of ' breathy and gulpy ' remarks. Many traditional philosophers set themselves the task of making an inference from wrinkled brows and breathy and gulpy remarks to anger in the mind. For Ryle there is no such inference: the frown is not a wrinkled brow plus inferred anger but an angry brow; the remark not breathy and gulpy but angrily breathy and gulpy. These are ways, not merely of showing anger, but of being angry.

It seems to me even more important to expose the myth of the ' body ' than that of the ' mind ', because body-behaviourists, logical positivists, and those who interpret empiricism in a doctrinaire fashion flourish on the ' realistic ' attitude that ' bodies ' are after all observable and capable of being experimented upon. I would suggest that the final and conclusive answer to the Watsonian body-behaviourists is simple—there are no such things as the ' bodies ' they claim to study.

This brings us back to Ryle's denial of ' privileged access '. It is not that the angry man alone has private access to his emotions while no one else has, but that those who are in his presence have the same sort of ways of knowing what his emotions are as he has himself. In support of this, Ryle is at pains to deny that a man is acquainted with his own emotions by introspection. Emotions in the sense of dispositions, moods, or inclinations are different from the feelings or ' pangs ' which issue from them. He admits we have no access to the ' pang ' felt by another person, and to this limited extent privileged access is retained. But our knowledge of ourselves and of others is expressed by what he calls " dispositional " words—I should prefer to say " attitude " words. Ryle's point is that a man learns that he is selfish, good at long division, or out of training in the same sort of way as we learn these things about him, which is not by introspection. This leads to considerable clarification. At the same time it seems to me we need a word to stand for our recognition of attitudes. The word " realize " is used idiomatically in exactly this way. One can realize an attitude of one's own or of someone else's; realization can dawn slowly or can come in a flash.

Ryle, it should be noted, denies the existence of introspection altogether on the grounds that feelings or ' pangs ' can be retrospected only—that one cannot have a feeling and introspect it simultaneously (pp. 166–7). Even if he is correct in this, it is doubtful if it is worth giving up the word " introspection ". And he may be wrong; for it seems strange to say we retrospect a past ' pang '; we could remember having a ' pang ' but hardly do anything analogous to ' introspecting the past '. If he is right that there is no introspection, then there is surely no retrospection either; which seems to me to be plainly incorrect.

Knowledge of selves would then be based upon introspection and realization. If these terms are adopted, Ryle allows that one may often realize more about a person than he can realize about himself. This of course is well known to be true of an analyst's knowledge of his patients.

This clarification is most useful in elucidating the usage of the word " unconscious ". Psychoanalysts have always protested against the criticism that the term ' unconscious ' is self-contradictory. Intuitively, it is obvious that they are right, but to my mind this intuitive recognition has never been given a satisfactory explanation. But, if we agree that attitudes, capacities, and needs though realizable need not be realized, then a person may be said to be unaware of, not to recognize, to be unconscious of, not to realize his attitudes, capacities, and needs. In this use, of course, it is not the attitude that is characterized as ' being unconscious ', but the person. There is no difficulty then in rendering the phrase " making the unconscious conscious ", for it means the same as " making a person realize attitudes he had failed to realize ". This clarification does not, of course, dispose of all difficulties in the use of " unconscious ", for it is used in several other different ways.

Ryle shows that we can in ordinary life say everything we wish to say about ourselves and others without using the language of the dualistic myth—without asserting the existence of a ghost in the head. His achievement is thus to disentangle the raw material, the facts, from a theory about the facts. It is an important step to show that the ' ghost in the machine ' is a theory, not a fact, and that it has been assumed without question to be a fact. This tendency to embody a theory in facts is common. A patient complains to a doctor of catarrh. The doctor does not know what this means and asks how many handkerchiefs are used and what the patient feels wrong. It transpires that few handkerchiefs are used, but that a difficulty in breathing through the nose is experienced. The patient has implanted a catarrh theory into his observations and presented the result as a ' fact '. Ryle has disentangled this kind of mistake. But, one would ask, does he agree that a theory *is*

needed? Has he overlooked the need for a theory, or does he hold that none is required? He may of course hold that as a philosopher it is not for him but for a scientist to propound a theory. He has eliminated the old philosophical problem of how we know other minds exist (though we could still raise a philosophical problem: Is there an inference from angry remarks and angry gestures to an angry ' pang '?); but we still wish to know more about the mechanism by which we come to realize our own and other people's attitudes. For this the ghost in the machine is a useless hypothesis, but we need some hypothesis. Again, would he agree that a theory of images is required? He eliminates " seeing images " from his vocabulary, because he holds that " visualizing ", or more generally " imagining ", enables us to say all we wish to say in such contexts. Those who are unfamiliar with the background of Ryle's work may find this sort of point somewhat puzzling. We are apt to take it for granted that ' visualizing ' and ' seeing an image ' are equivalent, whereas we ought to regard the latter as being a theory about the former or as being an analysis of it. Thus Ryle would render " visualizing a lion in Piccadilly " into " seeming to see a lion in Piccadilly ", rather than into " seeing an image of a lion in Piccadilly ". If he is right in this, one would suggest that images might be introduced as the simplest explanation of imagining. He might concede this; but probably only on condition that ' image ' was taken to be a scientific concept, useful for explanatory purposes, but not to denote something that could be seen. This would appear to be plainly wrong, however, for surely dream images, hallucinations, and so on exist and are seen in the same sense as that in which ordinary objects are seen.

I turn now to a particular point made by Ryle in connection with emotion, in the sense of an attitude. " He is vain " means that ' Whenever situations of certain sorts have arisen, he has always or usually tried to make himself prominent ', and so on (p. 85)—all which can be true without his ever *feeling* vain. Again, suppose a man is ' interested in symbolic logic '; he reads books and articles on it, discusses it, works problems in it, and neglects lectures on other subjects; but he never *feels* twinges of ' interest in it ':

> He may report a feeling of vexation, when his studies are interrupted, and the feeling of a load off his chest, when distractions are removed . . . While undisturbedly pursuing his hobby, he feels no perturbations at all (p. 87).

But even if it were admitted that he could have such feelings, Ryle continues, the absurd consequence would follow that, the more of them he had and the stronger they were, the more his attention would be distracted from what he was interested in (p. 88).

I do not think this conclusion follows; for it is contrary to an obvious fact, that forepleasure feelings do not obstruct emotion—they promote it. Perhaps Ryle has overlooked this through concentrating more on ' twinges ' and ' pangs ' than on ' thrills '.

This topic leads me to draw attention to the extraordinary similarity between Ryle's view and Sartre's theory of emotion. What, in effect, Ryle is saying is that action issues from emotion without the eruption of ' pangs ', so long as no impediment obstructs it. Now this is precisely Sartre's theory. Let us therefore turn to this.

Monsieur Sartre gives a preliminary survey of the classical theories of James and Janet in order to establish his starting-point. This is that emotion is essentially meaningful, and that its signification is purposive, functional, and bound up with consciousness; the signification, moreover, is grasped intuitively as inherent in the structure of emotion. One might say that these are the most important facts about emotion, which he is at pains to put in perspective before developing theories about it. The rest of the little book consists of two discussions: he first briefly constructs a theory on psycho-analytic lines, which he largely accepts but finds wanting in one particular; and secondly, to overcome this deficiency, constructs a phenomenological theory.

According to the psycho-analytical approach, he says, anger or fear, for instance, may be taken to be means used by unconscious tendencies to find symbolic expression or to break a state of unbearable tension (p. 42).[4]

> Psychoanalytical psychology has certainly been the first to put the emphasis on the signification of psychic facts (p. 43).

Moreover, the meaning is purposive, for the aim of the anger is to satisfy a wish whose direct satisfaction has been interfered with. The meaning is functional in that it is " neither an instinct nor a habit nor a reasoned calculation " (p. 36). But, the author holds, psycho-analysis underrates the rôle of consciousness. This he proceeds to bring out by discussing symbolization.

He agrees with psycho-analysis that repressed desire is not present in its symbolic realization. The symbol existing in consciousness " is only what it appears to be " (p. 44); we have no conscious knowledge of the repressed desire.

> It follows that the signification of our conscious behaviour is entirely external to the behaviour itself, or if one prefers, the *thing signified* is entirely cut off from the *thing signifying* (pp. 44–5).

[4] The ' explanation ' given of this is that emotion " takes one by surprise " (p. 42) because it develops in accordance with unconscious laws scarcely modified by conscious ' spontaneity '. It is not clear how this is an explanation.

Thus a symbol in a man's consciousness or his conscious behaviour signifies without his being conscious of what is signified. This he regards as a flagrant contradiction:

> In so far as consciousness *makes itself*, it is never anything but what it appears to be. Therefore, if it possesses a signification it should contain it in itself as a structure of consciousness (p. 46).

Consciousness 'making itself' is a strange way to put it, but what Sartre wishes to say is that consciousness must contain what is signified as well as what signifies it:

> consciousness is itself the *fact*, the *signification*, and the *thing signified* (p. 46) . . . there is an immanent bond of *comprehension* between the symbolization and the symbol . . . the relation between symbol, things symbolized, and symbolization is an interstructural bond of consciousness (p. 47).

He mentions that psycho-analysis half admits this in holding that

> this character of symbol is evidently not external to the fact of consciousness itself; it is constitutive (p. 47).

This ambiguity, which he finds in psycho-analysis, he attributes to the difference between psycho-analytic theory and practice: theoretically what is symbolized is external to and *causes* the symbol; clinically all that is sought is to relate *consciousness* of a symbol with *consciousness* of what is symbolized. He accepts the clinical procedure but denies the theoretical one, because he rejects the theoretical relation of causation. Hence he is in a position to infer from his correct statement about clinical procedure that

> it would be better freely to recognize that everything which takes place in consciousness can receive its explanation only from consciousness itself (p. 48)

In spite of this emendation of psycho-analysis, however, M. Sartre believes there is a gap in the theory of emotion which psycho-analysis cannot fill: for, if consciousness comprises what is signified immanently in its structure, how is it that we commonly fail to realize what is symbolized and to recognize the signification of our emotions?

This concludes the first of his two discussions, so far as I have been able to piece it together. Probably neither the literary style of the original nor the translation is at fault. But the exposition is most obscure and abounds in strange philosophical idiom. It is to be regretted that M. Sartre has not practised the logico-analytic technique of asking himself what he wishes to say.

His criticism, however, is worth making, if only to act as a spur to the clarification of psycho-analytical theory. M. Sartre's difficulty would seem to arise from his having an *a priori* conception of the nature of consciousness; he has an intuition that consciousness to be consciousness must contain not only symbol but also what is symbolized—which, as he agrees, conflicts with experience. Now if he were to agree that it is highly desirable for reasons of mental health and a full life that consciousness should contain what is signified, he would be out of his difficulty; for part of the ideal aim of psycho-analytic practice, relating the contents of consciousness together in the way Sartre has described, could be roughly put in just this way—to widen the capacity of consciousness so that symbol and what is symbolized should both appear in consciousness together with an appreciation of their linkage.

Now M. Sartre holds that his difficulty can be removed only by a *phenomenological* description of emotion. This is the second of his two discussions.

He begins with a good point, which may be expressed in the following way. Primarily we are conscious of something *emotionally* or act *emotionally*; it is only secondarily that we are conscious of this emotion. In other words "emotion" primarily refers to a *way* of regarding the world or of acting but only secondarily refers to an *object* of consciousness:

> in order to act it is not necessary to be conscious of the self as acting—quite the contrary (pp. 56–7).

This is in effect one of the points Professor Ryle was making, though very differently expressed.

His next point is that emotion arises, i.e. as an object, when the paths of behaviour become difficult or barred. When the grapes are beyond reach, they become emotionally sour, at any rate when this sour-grape comedy is taken seriously. Likewise reflection upon emotion is the result of blocking the path of affective action. Thus emotion in either the primary or secondary sense does not develop when action is unimpeded.[5] This is exactly paralleled in Ryle:

> we experience feelings, as we wince and shudder, because we are inhibited from acting purposively (p. 106).

We come now to Sartre's view of the function of magic. Fainting is magical escape. Fear is a mode of consciousness that tries to remove a dangerous object by magical means. Passive sadness—at financial ruin, say—tries to eliminate magically the need to undertake unwonted action (having to take a bus instead of a taxi). Active sadness is a *refusal* to go through with trying situations. Anger is magical vengeance on someone. Joy is magical fulfilment of what is longed for when this is delayed:

> Joy is a magical behaviour which tends by incantation to realize the possession of the desired object as instantaneous totality. This behaviour is accompanied by the certainty that the possession will be realized sooner or later, but it seeks to anticipate this possession (p. 69).

[5] In this connexion the author writes: "We do not flee in order to take shelter; we flee for lack of power to annihilate ourselves in the state of fainting" (p. 63). This astonishing contention does not seem to be relevant to his thesis. From his point of view we should say on the contrary that an impediment to fleeing leads to the emotion manifested in fainting.

Thus emotion is a magical incantation (p. 70).

Next, true emotion requires belief, and this is where the ' seriousness ' of the emotion comes in. An object cannot be emotionally *horrible* unless it is believed to be dangerous in some way (the demeanour, appropriate towards the horrible, without such belief would be comedy).

From all this we see that consciousness, as it were, lives through the body, that emotion is functional and arises when activity—and presumably affect?—is blocked, that a magical removal of the impediment is sought, provided the impediment is believed in.

Further, an emotion is a *captive* of the object inducing it, for if the emotion tries to escape, it thus re-affirms belief in the object. Thus " the emotion tends to perpetuate itself " (p. 79). ' The horrible ' gains a substantial quality (hence the hypostatization of emotional objects).

Sartre next considers certain abrupt reactions of horror, as when a grinning face appears against the window-pane. One takes refuge in the magical—whether it is we who attribute magical powers to the world or whether it reveals itself as magical. The face is supposed to be able to enter and be close and menacing, without interference from solid glass and without opening the window. Thus

> the window as ' *object which must first be broken* ', the ten yards as ' *distance which must first be covered* ', must be annihilated (p. 88).

Thus the situation described fits into the scheme previously outlined. The author further remarks:

> The abrupt passage from a rational apprehension of the world to a perception of the same world as magical, if it is motivated by the object itself and if it is accompanied by a disagreeable element, is horror; if it is accompanied by an agreeable element it will be wonder (p. 85).

All this, I would remark, recalls the ' pre-rational ' type of primitive mentality depicted by Lévy-Bruhl, and the mechanism of magic described by Frazer.

We finally note that consciousness, according to Sartre, can ' be-in-the-world ' in two ways. One is by operating on real features and connections,

> that if one wished to produce a determined effect it would be necessary to act upon the determined elements of the complex (p. 89).

The other operates without intermediaries; no protasis has to be fulfilled to bring about a desired result. Emotion is thus " a mode of existence of consciousness " (p. 91)—a way of understanding the world.

One remark that must be made by way of clarification is that Sartre is not in general using " emotion " in the main sense discussed by Ryle. Sartre is using it as equivalent to what Ryle calls an " agitation ", the ordinary colloquial adjectives being " worked up " or " highly emotional ". " State of conflict " is the obvious psychological phrase for it. Thus Sartre's theory is more limited in scope than would at first appear. There are indications, however, that he intends it to apply to the emotions quite generally, and in some respects it does—the ' magical ' element, for instance, probably applies to emotions in the sense of ' inclinations ' or ' sentiments ' as well as to agitations. But there is an important dissimilarity. An agitation arises from frustration and is discharged when the impediment is removed, which is not true of an emotion in the other sense: an inclination or a sentiment may be gradually expressed over a period of time without the occurrence of frustration; but it does not evaporate once it has been expressed. Sartre seems to have overlooked this completely. But it is fair to add that he probably limited his field of discussion deliberately.

It is not clear in what way Sartre's theory goes outside the psycho-analytic view. Presumably what he considers additional is the part played by magical attitudes, which he brings into the field of consciousness rather than leaving them to be just symbolized; but this is, of course, what an analyst also does with his patient. Sartre would be justified, however, in claiming that this has not been explicitly recognized in any psycho-analytical account of the emotions, and he is to be congratulated on bringing it out and stressing its importance.

Sartre's account contains several striking features and is stimulating and worthy of attention; more, he has put his finger on one nodal point. The theory itself is simple and capable of being expressed simply, and it seems to me worth while making the very considerable effort required to understand his little book.

J. O. Wisdom.

The Psychoanalysis of Elation. By Bertram D. Lewin, M.D. (New York: W. W. Norton & Co., Inc., 1950.)

Morbid elation, in clinical psychiatry as well as in psycho-analytical nosology, is usually considered as a mere outcome of depression. In the Introduction to his book, *The Psychoanalysis of Elation*, Bertram D. Lewin points out correctly in a thoughtful introduction that clinical observation is not in accordance with such an assumption, as there are depressions without manic outcome and elation without any depressive counterparts. Such evidence of clinical observation alone justifies a study of elation *per se*, but there are also other reasons of a more general nature in favour of it. The concept, of course, or ' outcome ' is alien to psychoanalytic thinking and is replaced by more complicated genetic and dynamic concepts, searching for the involved conditions of psychological equilibrium. The tacit acceptance of a tradition in non-analytic psychiatric systems may thus have blocked the way for discovering specific factors in elation. Lewin's study shows that disregard of such traditions leads to new discoveries. In this instructive and refreshing survey of the literature, Lewin

points out that American clinical psychiatry under the influence of Adolf Meyer already departed from the rigid Kræpelinian nosology. August Hoch and others, paying more attention to the individual cases, have not only loosened up abstract diagnostic schemes but also reached a deeper psychological understanding of depressive states and elations and thus opened the way to a closer co-operation between clinical psychiatry and psycho-analysis. Yet no study of elation can neglect the deep similarities between elation and depression. The same building material, the vicissitudes of oral instinctual needs and the impact of those structural changes in the person which we call super-ego appear in elation as well as in depression. In the search for distinguishing factors, Helene Deutsch and Bertram D. Lewin found at the same time, but independently of each other, that the defence mechanism of denial may, in a characteristic way, be involved in hypomanic states. How does this defence mechanism work in hypomanic states? Against which instinctual dangers is it directed? To raise these questions is one of the points of departure of Lewin's inquiry into the study of elation. As a preparation, Lewin investigates the nature of the defence mechanism of denial, or, more correctly, in what way this defence mechanism operates in the elations. He finds that denial is not directed against instinctual drives but against the emotional acceptance of a disturbing or painful perception which, potentially, would stir up anxiety. Such a distinction in the function of a defence mechanism is of general importance and should be considered, especially when the role of a defence mechanism in symptom formation is discussed. Lewin discovered and described a new nosological group, ' neurotic hypomanic personalities '. Patients belonging to this group made extensive use of the defence mechanism of denial; in fact, their character was chiefly coined by the use of this mechanism. For the analyst, however, the most instructive way of learning about a psychological phenomenon is the observations which he can make about it during the analytic process. As Lewin justly states, we can best study defences when they appear as resistance. The working of the defence mechanism of denial in the elation can be studied not only in hypomanic characters but also during the analysis of many other cases of different nosological origin, which is understandable, since the analytic process stirs up painful emotions and anxieties. Elation may occur at such times during the cure as a paradoxical response. In these ' technical elations ', as Lewin terms them, we see that the denial is not merely directed against intellectual acceptance but mobilizes an incongruous affective state, replacing painful emotions by the elated mood. A comparison between the affective disorders, depression and elation, and events occurring during the analytic cure proves to be fruitful in two ways. First, it sheds light upon technical problems; second, the understanding thus gained is helpful for a deepening insight into the nature of the affective disorders. As to the contribution to technical problems, Lewin shows us a new form of negative therapeutical reaction, namely elation. The source of the negative therapeutic reaction in depression is the sadism of the super-ego, in elation the narcissism of the ego. The defence mechanism mobilized by the severe super-ego is usually a ' turning against the self ', whereas, in elation, the mechanism of choice is denial, supported by identification with omnipotent parental images. The difference in phenomenological aspects between the two forms of negative therapeutical reactions cannot deceive us as to their effect upon the therapeutical goal. Both may confront us with equally stubborn resistance. If elation and depression represent different defences, then it is safe to assume that elation is not indicative of a dissolution of a depression, but rather the substitution of one defence for another. The prototype of mania, then, cannot be considered the normal well-being. The drivenness of the manic with all the obvious indications of tension contradicts such an assumption; his necessity to deny signifies the presence of intense anxiety. The defence mechanism of denial is very unstable and needs the support of other mechanisms. Probably because of the difficulty in keeping up denials elation is a more transient phenomenon than depression. Yet, some cases of Lewin and of other analysts illustrate the possibility of chronic hypomanic characters. The study of the defences involved in elation proved that elation is an independent phenomenon, not merely an outcome of depression. Lewin uses new avenues in order to understand better its nature, its genesis and dynamics: the psychology of sleep and dreaming and the study of oral instinctual drives. In recent psychoanalytic thinking, dream psychology has found but little application. Predominantly engaged in following up the new trends of thought in ego-psychology, that older but still fertile source of psycho-analytic insight, the psychology of dreams, was neglected. Lewin endeavours to utilize the psychology of sleep and dreaming in a new way; he applies it to a phenomenon where it had not been used before. From a descriptive angle, mania and sleep are certainly far apart; but Lewin looks for other than descriptive criteria. This is the essence of his reasoning: in the manic patient oral drives are at work. Clinical material and observation bears it out that, in mania, we have to assume the wish to merge with an omnipotent, feeding, warming, protecting mother image, as Lewin puts it: in mania there is a wish to merge with the breast. Such a wish brings about a need for sleep—sleep being a never-failing sequence of the nursing situation. The satisfied infant, according to Lewin's theoretical construction, may have a ' blank dream ' after nursing, representing the after-image of the breast. In adults, these after-images may appear as

a dream screen on to which the visual imagery of the dream is projected. But the manic patient's wish to sleep does not reach its goal; insomnia is a frequent symptom in manic excitement. In other nosological groups, as for instance in benign stupor and in drug-addiction, this wish to sleep comes to pass. The concept of sleeping has to be supplemented by that of dreaming. Lewin postulates a development of dreaming: from the blank dream, through the simple wish-fulfilment dream of the young child, to the increasingly complicated dream life of the adult. If nothing counteracted the wish to sleep it would result in the blank dream. But there are different degrees of sleeping, and the manic does not seem to be able to reach the deepest one. The content of elation instead shows some resemblance to the simple wish-fulfilment dreams of early childhood. Looking upon the manic's dream production more closely, it turns out not to be so simple: it involves much denial; many complicated psychological formations are witnessed and must be denied. Here again we are faced with the problem: What is the nature of conflict in elation? Lewin brings some interesting case material to elucidate this problem. In the case of a female patient, elation followed when longings for an erotized merging with the mother were stirred up. After experiences of such an effect, this patient had a blank dream with orgasm. He interprets the blank dream as an expression of the wish for merging with the breast. On days following such dreams the patient was in an elated mood, convinced of numerous heterosexual attachments, which, however, were mere products of illusionary fantasies. They had the function of denying the significance and impact of her longings for the mother, and, as Lewin puts it, the waking consciousness of this patient during elation fulfilled a function classically performed through distortion and secondary elaboration by the dream work, namely to deny a repressed wish. In other cases the conflict centring around going to sleep was obviously connected with the dread of frankly incestuous dreams. The hypomanic overactivity of these patients in the waking state represented a denial of the incestuous wishes and a denial of the super-ego pressure which was the answer to these wishes. Lewin postulates that hypomania as well as stupor are psychological equivalents of the biological sleep, insofar as they deny anxiety and bad conscience and express the wish for the peaceful, undisturbed union with the mother, represented as merging with the breast.

In two cases quoted by Lewin the conflicts, which resulted in a hypomanic character in one case, in alcoholism in the other, are of œdipal nature. In the first case, the elation seems to be pre-genital in origin. The need to understand the nature and establishment of such early pre-genital, oral conflicts leads to an inquiry into oral instinctual drives.

The amazing and fascinating facet of instinctual phenomena in men is the wealth of fantasies, expressions which are woven around simple physiological needs. Accordingly the principal task of a psycho-analytic psychology of instincts is not the search for new ' instincts ', but for new, that is to say not yet discovered, manifestations of old ones. The neuroses, the psychoses, the dreams furnish the opportunity for such observations.

Lewin has a fortunate facility for finding new and unexpected disguises of such seemingly thoroughly studied instincts as oral eroticism. He also contributes to that important question of a psycho-analytic theory of instincts, namely, in what way do physiological needs create psychological wishes? Lewin postulates the oral triad: the wish to devour, the wish to be devoured, and the wish to go to sleep. The close connexion between these three wishes, and their simultaneous appearance may be due to their common origin: the nursing situation.

Psycho-analytic thinking, influenced by Abraham's findings, was chiefly concerned about the active oral drives and impulses, oral sadism and the cannibal tendencies as well as needs for incorporation with their impressive impact on neurotic symptom formation and character traits. It is Lewin's merit to have proved that the passive oral needs, the wish to be devoured, have an equally important role in various realms, as the phobias, in female sexuality, as a reaction to primal scene experiences and, beyond the pathological area, in religious and æsthetic experiences, an achievement fully comparable to Abraham's work. Whereas the wish to eat and to fall asleep after satiation are obvious data of the nursing situation, the wish to be eaten is a construction, based on the imaginative attempt to form an idea of the infant's feeling after nursing and while falling asleep. During these states we may assume in him feelings of pleasurable relaxation, of yielding and merging. These feelings may form a mnemonic nucleus of later fantasies about being eaten.

The first clinical evidence of the role played by passive oral wishes in pathological phenomena was found in the phobias. These wishes were represented indirectly by the anxiety in expressing them, the anxiety namely of being bitten (Little Hans) or eaten. Lewin correctly points out that such fears are not a mere substitute for castration anxiety but are caused by passive oral wishes. In phobias such wishes evidence clearly regressive needs. Because of Lewin's views as expressed in previous contributions, such as ' Body as Phallus ', ' Claustrophobia ', we can better understand the concrete content of some phobias and realize their relation to passive oral wishes. Clinical experience certainly verifies Lewin's view as to strong oral fixation in claustrophobia and other phobic anxieties. It is more convincing to interpret the child's fantasies to return to the womb as a repetition of pleasurable merging with the mother's body after nursing than as a wish for the happy times *in utero*.

The concept of the oral triad may shed some light on that most mysterious of all instinctual drives, masochism. The passive yielding experienced in the nursing situation could furnish one of the libidinal elements in masochism, whereas the active oral impulses may later enter into sadistic attitudes. Masochism proper, like sadism, is obviously a very complex phenomenon; much more than the nursing situation enters into their making. But it is a sound idea to consider such complex instinctual drives as originating in different libidinal situations. Here again Lewin's assumption is substantiated by clinical observation: it has often been noted that the instinctual life of masochistic persons shows also strong oral tendencies.

All that we know of the psycho-analytic study of affective disorders indicates that the clinical picture is to a large extent determined by oral conflicts. Lewin attempts a deeper understanding of the drives involved in this conflict by using the concept of the oral triad in the elation. In the state of elation the ego merges with the super-ego, the super-ego being the intra-psychic representative of the breast. The validity of this formulation will be questioned later. In the state of elation there is the wish to merge with the breast and to go to sleep. Since the elated person is supremely awake, this wish in him must cause a conflict and is contradicted by anxiety; genetically traced, this anxiety leads back to the oral phase. Early disturbances in the oral phase, disturbances which turn the happy sleep of the infant into an unhappy one, disturbed by painful stimuli and anxiety, may later be associatively connected with death anxiety. The idea of ' good ' sleep gives way to a threatening one of ' bad ' death. The deepest conflict in mania is between the wish to merge with the breast and to sleep, to die, and the wish to stay awake, to live. As far as the wish to merge with the breast is accepted, the condition thus experienced can be called ecstasy; if it causes conflict, it activates defence mechanisms, chiefly denial; the result is the clinical symptom of mania. Such a separation cannot always be neatly carried through; conditions may alternate or overlap. The concept of ' oral triad ' enables Lewin to find an extremely clear formulation of the oral conflict in elation. Following a remark of Hanns Sachs about perversions according to which one area of infantile sexuality is salvaged while all others are sacrificed, Lewin points out that in elation one component of the oral triad, the active, devouring impulses, is overaccentuated, whereas the two others, the passive oral needs and the wish to sleep, are feared and denied.

Lewin's interpretation and analysis of what goes on in elation is convincing as well as original, yet the genesis of the conflict in the early oral phase remains somewhat hypothetical. In the most interesting case history of the book, the young woman who in her elation tried to deny the eroticized attraction to mother figures is beautifully analysed; one point, however, remains obscure, namely, why this attraction had to be denied. What was the specific nature of the stirred-up anxiety? The term ' homosexuality ' is tentatively used, but the fear of homosexuality obviously cannot refer to difficulties in the early oral phase. The difficulty to demonstrate such early oral conflicts in the clinical material is probably of a general nature and based on the difficulty encountered in every preverbal psychological phenomenon. But again, it might be that the definite structure-formation takes place in the verbal stage. Human development characteristically moves backwards and forwards. Not only does what happens in the earlier stages influence later experiences and responses, but later experiences have a retrograde effect upon earlier ones, that is to say that a regression alters earlier images.

Generally the penis envy in the girl in the phallic phase, for instance, does not simply re-represent earlier oral conflicts. The greater awareness of new bodily sensations leads to a new orientation appearing in phantasies and impulses, which were not present in the oral phase. Oral conflicts, no doubt, are regressively reactivated in the phallic phase moved by penis envy. But this is something else than a simple re-representation. The exception to this rule can be found in persons disposed to affective disorders; in them the impact of oral conflicts is such, that they may invade later phases of development also. Lewin has these cases in mind when he states that penis envy is a re-representation of earlier, oral conflicts.

Lewin is undoubtedly right in pointing out that both active and passive drives may have their independent origins, their genuine libidinal roots, and that they did not come into being for the sake of defence but that probably the reverse is the case. Instincts can so readily be utilized by the ego one against the other because they so often appear in passive and active form. The point in question here is not so much the existence of passive oral needs, which we take for granted, but which instinctual drives and what stage of the development can be considered the basis for a pathological structure-formation. What we are concerned with is the nature of oral conflicts with special application to elations. As to the origins of these conflicts, it seems that three possibilities must be considered: (1) the conflict is caused by the active, aggressive part of the instinctual drive and leads to anxiety through projective expectation; (2) the oral conflict is regressively activated and condensed by later events and fears rooted in phallic and œdipal involvements; (3) the passive oral wishes (through disturbances in falling asleep in the oral phase) become associated with anxiety. These three alternatives are not mutually exclusive; all three can contribute to the conflict and to the symptom-formation. What is needed is carefully documented

case histories, which may prove Lewin's hypothesis of the genesis of elation.

Psycho-analytic observation proved with sufficient evidence the predominant role of oral conflicts in affective disorders, but it is extremely difficult to distinguish whether these conflicts are regressive phenomena or are already established in pre-genital and pre-œdipal stages of development.

To sum up the impressions with which one is left after finishing the study of Bertram D. Lewin's book, a few remarks of criticism come to mind, but many more of approval.

The critique is mostly related to the semantics of some of Lewin's formulations. While, for instance, it cannot be doubted that many aspects of sleep may be viewed as belonging to oral erotic phenomena, it is nevertheless obvious that sleep is more than a repetition of the nursing situation and has its purely biological roots. To neglect this fact leads to generalizations in the book which do not seem to be justified.

Similarly, the equation breast = super-ego would need some clarification. We are used to associate those internalized fears with the term super-ego which result in inhibitions, in irrational bad conscience and archaic subjective laws, the origin of which is unknown to the person who is subject to following them rigidly. But we also know that the archaic imagos formed as a precipitate of the child's concept of the parents who are endowed with omnipotence are a part of the super-ego structure. It would perhaps be better to call this part of the super-ego ' ego-ideal '. The mother as fulfiller of the child's needs and the breast as the provider of complex satisfaction represent most important aspects of such ego-ideal formation. More important, however, than the choice of terminology is the recognition of the complex nature of the structures and functions of what we define as the ' super-ego '.

Lewin's analysis of elation shows the simultaneous presence of different super-ego functions, the threatening and forbidding ones, and the consoling ones.

Lewin's study represents the most comprehensive psycho-analytic insight into elations. Ego mechanisms and instinctual conflicts are thoroughly studied, genesis and dynamics clearly described. But the book gives us much more than a psychoanalysis of elation. The history of psycho-analytic discoveries shows that a deeper understanding of the problems of one nosological group rarely remains limited to the original subject of the study. To mention only one example: the study of depression by Freud and Abraham helped us towards a better understanding of oral conflicts and of super-ego mechanisms. Similarly, Lewin's work on elations has a bearing on problems of a wider range, as, for instance, on the theory of defence, and on such technical problems as negative therapeutic reactions in forms that have not yet been described. The addenda to oral eroticism, especially the demonstration of unexpected expressions of passive oral wishes, have a far-reaching importance for many clinical phenomena apart from elation, e.g. for phobias.

It is my conviction that Lewin's ideas will contribute to new insight into other clinical phenomena also.

Every reader of his book will find, besides stimulation and learning, æsthetic enjoyment from the language in which it is written.

George Gerö, M.D.

Problems of Infancy and Childhood. Transactions of the Third Conference on Problems of Infancy and Childhood, March 7–8, 1949, edited by Milton J. E. Senn, M.D., Department of Pediatrics and Psychiatry, Yale University School of Medicine. (New York: Josiah Macy, Jr. Foundation. Paper bound. Pp. 156. Price $1.25.)

This is a publication of two essays on infancy and childhood problems with a group discussion around them. In notes on the programme of this unique conference, the Medical Director of the Josiah Macy, Jr. Foundation, Dr. Frank Fremont-Smith, points to the need for exchanging the attitudes and findings of various branches of medical science. He writes: ' Today effective medical research and practice must embrace data from all the disciplines. . . .' Consequently this organization sponsors an annual programme of round table discussions for two days with contributions from 25 investigators. The participants at this conference are 8 pediatricians, 6 psycho-analysts, 3 psychiatrists, 2 members of faculties of human development institutes, 2 research workers, 2 members of the National Children's Bureau of the Federal Security Council and one unclassified person.

The book is informally divided into three parts: (1) general discussion on the subject of mothers' anxieties about their children, (2) an essay on the psychological situation of the mother and her newborn, and (3) a report on the emotional reactions of children to hospitalization and surgery. Discussions follow both papers.

The preliminary topic is *Anxieties of Mothers as Verbalized to Physicians*, and it centres around a report by Dr. John C. Montgomery of Henry Ford Hospital, Detroit, Michigan. He found from a survey that there was a significantly smaller number of questions of mothers to the pediatrician where some prenatal instruction was given than where there was no such counsel. The reply from the group is an inevitable request for more research with emphasis on the need to separate neurotic anxieties of the mother from real ones. This discussion finally leads to a plea to include the teaching of psychological aspects of the care of mothers and infants in the education of medical students, general practitioners, specialists, and even of high school and college students. In this connexion

Dr. Edith Jackson mentions the 'rooming-in' technique used at Yale University Hospital. In this plan the mother herself is invited to care for her baby, with some help and supervision from the staff. The infant sleeps in a cot beside the mother's bed after handling and feeding. This new arrangement in the hospital is intended to minimize the interruption between pregnancy and motherhood which hospitalization usually accentuates.

The first essay by Dr. Sibylle Escalona of the Menninger Foundation is entitled *The Psychological Situation of the Mother and Child upon Return from the Hospital.* It is a discussion of some of the author's impressions about the topic which she has extracted from a long-term research project. The central thesis which she develops is that a key factor in the relationship between the mother and her new baby is the mother's 'passive-dependent needs' and how she handles them. Dr. Escalona's attention is on the external factors that influence these dependent needs, such as the hospital experience, cultural and economic pressures. Her lack of emphasis on the character structure of the mother is balanced by comments of Dr. Margaret Fries, who points to the significance of these needs for the mother's acceptance of her femininity. Further, Mrs. Beata Rank defines the psychological problem in terms of the child as part of the mother's bodily unit which is then disrupted in the act of birth. Some observers mentioned that they had detected transient mildly paranoid reactions in mothers after delivery. An interesting correlation is thought to exist between these reactions and the anæsthesia given to the mother.

The second report, *Observation on the Emotional Reactions of Children to Tonsillectomy and Adenoidectomy* by Lucie Jessner and Samuel Kaplan, is a preliminary survey of the psychological reactions of sixty unselected children who had operations. This study was conducted at Massachusetts General Hospital by members of the Psychiatric Department. The procedure consisted of (1) an interview with the mother at the time of her child's admission, (2) observations made during the forty-eight hour period of hospitalization, and (3) a follow-up interview with the parent and child at intervals of one week, one month, and longer. After defining the different situations which produced anxiety, the authors used arbitrary criteria to evaluate statistically the reactions of the children to their hospital experiences. Various correlations were drawn including, among others: a significant relationship (1) between the behaviour in hospital and that later at home, and (2) between the personality structure of the child and his reactions in hospital.

This is an important study because it is the first investigation to be published of the immediate emotional reactions of children to surgical operations. The most impressive part of this report is its vivid descriptions of the patients' actions and fantasies which were observed in hospital. Several of the authors' conclusions merit special attention, for they are evidence in support of current psychoanalytic concepts of the role of early traumata as genetic factors in the formation of neurosis. These are: (1) that the operation *per se* is not necessarily a traumatic factor, and (2) that the amount of anxiety aroused by the hospital experience seems to be dependent on the child's inner security. However, on the basis of the material presented in this survey, these conclusions are in the reviewer's opinion not entirely justified. The children were classified according to general types of personality after single clinical interviews with each mother, and by observation of the child in the hospital. A more convincing determination of the personality structure of the child would be made before hospitalization on the basis of several objective interviews with both the mother and her child. This applies as well to the assessment of the relationship between the two. Similar criticism can be made of the exiguous methods for continuing the investigation of their cases after leaving the hospital. Finally, the writers apologize for using statistics. We all recognize the difficulties in applying statistics to evaluate psychological data. However, where the reader cannot even share an author's confidence in his findings, it would probably be better if the figures were left out altogether.

It is evident that the paper was stimulating to the group. Some of the many and varied points discussed are preparation of the patient, reactions of children at home after the procedure, indications for tonsillectomy and adenoidectomy, and the desirability of parents staying in hospital with the children. There is a difference of opinion on this last point. The problem is whether a very anxious mother can be reassuring to her child.

This book represents a spearhead of the movement to use psycho-analytic concepts in the understanding and handling of medical problems. It should be noted that the approach is entirely clinical. Even in the discussion of research methods there is no contribution from the field of psychology in an otherwise widely representative group. Considerable new material of value for research, education and clinical practice is presented in this endeavour. However, the participants reached no agreed conclusions for the utilization of this material.

This is a useful book for (1) investigators interested in recent ideas for research in these two clinical problems, and (2) those interested in the relationships between the specialities of pediatrics, obstetrics, surgery, and psycho-analysis.

The style of presentation, which is in the form of the original discussion, preserves some of the informality and spirit of the meeting, but at the expense of easy access to the material for the purposes mentioned. There is no index. It is printed on good quality paper and in acceptable type.

Willard D. Boaz.